

Screening a silent killer cuts risk of stroke and death

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Screening for asymptomatic atrial fibrillation (AF) in people aged 65 and over and treating it with anticoagulant medications could greatly reduce the risk of stroke and premature death, say cardiologists in today's *Journal of the American Medical Association (JAMA)*.

AF is a very common [abnormal heart rhythm](#) that poses the risk of blood clots forming inside the heart. When clots break off they usually travel to the brain, causing severe strokes.

Research reveals that previously undetected asymptomatic AF carries a doubling of the risk of stroke and a doubling of [premature death](#) compared to age and gender matched people without AF.

There is also good evidence that treating asymptomatic AF with the oral anticoagulant drug warfarin or the newer oral anticoagulants can almost completely reverse the increased risk of stroke, and partially reverse the increased risk of associated death.

"Widespread screening for asymptomatic atrial fibrillation could cost-effectively reduce strokes and their associated disability, and help save lives," says University of Sydney and Heart Research Institute Cardiology Professor, Ben Freedman, a co-author of the viewpoint in today's *JAMA*. "But this is not yet widely recommended in guidelines."

AF is a common and serious heart arrhythmia accounting for 1 in every 3 strokes. In 27 per cent of AF-related strokes this heart arrhythmia

hasn't been detected prior to stroke as it is often asymptomatic. Incidentally detected AF isn't usually associated with palpitations or elevated heart rate, which may explain why [stroke](#) can be an unexpected and serious first sign of AF.

Professor Freedman and colleagues have published evidence revealing that AF can be detected easily and accurately via an inexpensive ECG using a novel hand-held device attached to an iPhone. The iPhone-based ECG device can diagnose AF in 30 seconds.

"Given such easy ways to detect AF, and our demonstration of the poor outcomes that can be substantially modified by treatment, we believe there is a reasonable, cost-effective case to screen for this abnormal [heart](#) rhythm in the population, as well as in the clinic," Professor Freedman says.

More information: S. Ben Freedman et al. Asymptomatic Atrial Fibrillation, *JAMA* (2015). [DOI: 10.1001/jama.2015.9846](https://doi.org/10.1001/jama.2015.9846)

Provided by University of Sydney

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