TOP TIPS FOR MANAGING ATRIAL FIBRILLATION IN YOUR PRACTICE

NHS
South West Strategic Clinical Network

Predict how many people in your practice have atrial fibrillation

1

You can estimate the number of people with atrial fibrillation (AF) in your practice by using this simple formula.

$$N_{AF} \approx P_{65} \times 0.09 \times N_P$$

Where:
N_{AF} = Approximate number of patients with AF
P_{65} = % of patients over 65 (entered as decimal e.g. 25% would be entered as 0.25)
N_P = Total number of patients on practice list

For example, if your total practice population is 6,400 and 25% of these patients are over 65, you have roughly:

0.25 x 0.09 x 6400 = 144

144 people with AF on your practice list.

Use opportunistic pulse checking to identify 'missing' patients with AF

2

Once you know how many people with AF your practice should have, you can estimate the number of people yet to be diagnosed.

'Missing' patients are likely to be over 75 with hypertension, diabetes or heart disease. These individuals are easy to catch as, on average, they visit their GP 8 times a year.

Replace blood pressure monitors with devices that detect AF

3

Use NICE-approved monitors to detect AF during routine activities when blood pressure is already being measured; such as hypertension, CKD and diabetes clinics, and medication reviews.

The Microlife WatchBP Home A semi-automatic BP monitor (approximate cost £80) has a reliable algorithm to detect AF during BP readings.

Use the AF decision-making guide

4

The SW Cardiovascular Network decision-making guide uses the latest guidance to balance the risks and benefits of anticoagulant treatment in AF.

It is almost always in favour of anticoagulation, either with warfarin or non-Vitamin K oral anticoagulants (NOAC).

Find and review all people taking antiplatelet medication for AF

5

Antiplatelet treatment is not an effective method for preventing stroke in AF. In the elderly it carries the same risk of major bleeding as with anticoagulation.

People with AF who are taking aspirin or other antiplatelets for stroke prevention should be urgently reassessed.

Don't use 'falls' as a reason to avoid anticoagulation in AF

6

Falls have an unwarranted status when weighing up the risks and benefits of anticoagulation.

Research evidence shows that falls should not be used as the sole reason to avoid anticoagulation.

Give training in the FAST test

7

People at high risk of stroke should be trained to spot the warning signs of the condition.

FAST-training of spouses and family members can ensure immediate action is taken if necessary.

SUDDEN FACIAL DROOP, ARM WEAKNESS, SPEECH PROBLEM? TIME TO CALL 999

Consider how you discuss anticoagulation with your patients

8

There are inherent biases in the way we discuss treatments with our patients. Ensure you present the risks and benefits of anticoagulation in an impartial and evidence-based way.

Aim to improve upon the national average of 15% of AF patients declining anticoagulant treatment.

Use 'Time in the Therapeutic Range' (TTR) to assess anticoagulant treatment

9

Low levels of TTR render anticoagulation ineffective - target TTRs should be at least 72%.

Average practice values below this should prompt a search for patients with low TTRs. They may require additional monitoring, training in self-management, or a switch to a NOAC.

Review your practice every 12 months

10

An AF audit is an ideal quality improvement project and involves a contribution from the whole practice team.

Suggested measures to audit are:

1. Number of people with a diagnosis of AF, compared to the predicted number (see tips #1,2).

2. Proportion of people with AF with a recent record of their CHA_2DS_2-VASc score and HAS-BLED score (see tip #4).

3. Number of people taking antiplatelet treatment for stroke prevention in AF (see tip #5).

4. Proportion of people with AF recorded as declining anticoagulant treatment, or with a recorded contraindication (see tip #8).

5. Average practice TTR (see tip #9).

Useful links

www.swscn.org.uk/stroke
www.watchbp.co.uk
www.scslhealth.com/inrstar