

New report shows better management of AF could save NHS millions of pounds every year

A new report, released by the Atrial Fibrillation Association (www.atrialfibrillation.org.uk) to mark the launch of Arrhythmia Awareness Week, calls for improvements in the detection and management of atrial fibrillation, the most common heart rhythm disorder ('arrhythmia') seen in clinical practice.¹

Keeping Our Finger on the Pulse: Why the UK must address the personal, clinical and economic impact of atrial fibrillation, highlights, for the first time, the economic burden that AF places on the NHS as well as patients and carers, and suggests seven key actions that would dramatically improve AF care.

Trudie Lobban MBE, Founder and Chief Executive of the Atrial Fibrillation Association, says "Failure to diagnose and treat AF causes untold misery and costs the NHS millions of pounds every year. This is a bleak picture but it doesn't need to be this way. Some relatively straightforward measures could transform the situation socially, medically and financially."

One of the top ten reasons for hospital admission,² AF is associated with an increased long-term risk of stroke, heart failure and death, especially in women.³ Its prevalence roughly doubles with each decade of age, from 0.5% at age 50-60 to almost 9% at age 80-89.⁴ By 2050, it is estimated that 2% of the general population will have AF.⁵

AF also creates a startling economic burden. According to new research from the Office of Health Economics, patients with primary or secondary diagnoses of AF occupied 5.7 million bed days in 2008, at a cost to the NHS of £1,873 million.⁶ Outpatient costs added an additional £205 million⁶ and other in-patient costs contributed a further £124 million.⁶ AF patients are also five times more likely to experience a stroke,⁷ with a quarter of strokes caused directly by AF. Better management of AF could save millions of pounds every year.⁸

Arrhythmia Awareness Week also launches the 'Know Your Pulse' campaign, which aims to raise awareness of the need for regular pulse checks. To help the public check their pulse, a Pulse Check Card can be downloaded from www.knowyourpulse.org. In recent research conducted on behalf of 'Know Your Pulse', UK consumers stated they thought it was important for their doctor to check their pulse regularly.⁹

The report calls for improvements in seven key areas:

- *Make AF an NHS priority – supported by standards, targets, initiatives and incentives*
- *Raise awareness of AF prevention amongst healthcare professionals and the public – several factors increase the likelihood of developing AF – screening and information campaigns should target those patients most at risk*
- *Encourage early identification and treatment of AF - early diagnosis and treatment is essential for reducing ill health and death associated with AF*
- *Establish an AF champion in every trust – drive best practice, lead initiatives and represent patients' interests*
- *Commission better services for AF – ensuring AF care links seamlessly with the care of other conditions such as stroke and dementia, dedicated clinics in primary and secondary care, access to specialist nurses*
- *Improve patient information – stakeholders should provide better information and education to encourage patients to become 'experts' in their condition and care*
- *Encourage research and implement new treatments – there is a pressing need for further research into the causes and management of AF. Innovative new treatments, of which there is urgent need, must be evaluated and implemented as soon as possible*

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Notes to editors:

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The Arrhythmia Alliance (A-A) is a coalition of charities, patient groups, patients, carers, medical groups and allied professionals. These groups remain independent, however, work together under the A-A umbrella to promote timely and effective diagnosis and treatment of all arrhythmias, including atrial fibrillation, sudden cardiac death and syncope. Their website is: /www.heartrhythmcharity.org.uk

About AF

AF is a condition in which the atria, the upper chambers of the heart, beat in an uncoordinated and disorganised way, resulting in an irregular heart rhythm. This can lead to serious complications

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including stroke and deterioration of the heart function. In people with AF, abnormal electrical activity in the atria disrupts the heart's normal rhythm. This causes the atria to beat extremely rapidly and irregularly, at rates of 400-600 beats per minute.¹⁰ This leads to an increase in the rate at which the larger lower chambers of the heart (the ventricles) beat, rising to 110-180 beats a minute.¹⁰ AF may also have serious consequences, the most important of which is stroke, with one in every six strokes caused by AF. This is because the heart does not pump the blood completely out of the heart's chambers. Instead the blood pools and clots, and there is a risk that the clot will travel out of the heart and block an artery in the brain. During the past 20 years, there has been a 60% increase in the number of people with AF being admitted to hospital as a result of AF.¹¹ This is probably due to the increasingly ageing population

There are three main types of AF:

- *Paroxysmal*: recurrent, sudden episodes each of less than seven days' duration – most paroxysmal attacks resolve within two days.
- *Persistent*: episodes that last longer than seven days and that can recur after treatment.
- *Permanent (established)*: the heart does not revert fully to normal rhythm, even with treatment.

These types of AF are not mutually exclusive – a patient may have several paroxysmal episodes and occasional persistent AF, or vice versa. Overall, however, patients generally progress from occasional episodes to permanent AF.

¹ ACC/AHA/ESC 2006 Guidelines for the management of patients with atrial fibrillation. *Europace* 2006 8 (9); 651-745

² National Services Framework for Coronary Heart Disease. Chapter Eight: Arrhythmia and Sudden Cardiac Death. March 2005

³ Stewart S, Hart C, Hole D. A population-based study of the long-term risks associated with atrial fibrillation: 20 year follow up of the Renfrew/Paisley study. *Am J Med.* 2002; 113:359-364

⁴ Wolf PA, Levy D, Kannel WB and Benjamin EJ. Prevalence, incidence, prognosis and predisposing conditions for atrial fibrillation: population based estimates. *Am J Cardiol.* 1998 Oct 16; 82 (8A):2N-9N

⁵ Savelieva I and Camm J Anti-arrhythmic drug therapy for atrial fibrillation: current anti-arrhythmic drugs, investigational agents, and innovative approaches *Europace* 2008;10:647-65

⁶ The Office of Health Economics Estimating the direct costs of atrial fibrillation to the NHS in the constituent countries of the UK and at SHA level in England, 2008 November 2009, London

⁷ Wolf PA., Dawber TR., Thomas HE Jr. et al. Epidemiologic assessment of chronic atrial fibrillation and risk of stroke: the Framingham study. *Neurology.* 1978; 28:973-77

⁸ National Audit Office. Economic Burden of Stroke in England, 2005.

⁹ Opinion Health. Healthcare consumer survey for Arrhythmia Alliance. May 2010

¹⁰ Johan EP Waktare. Atrial Fibrillation. *Circulation* 2002; 106; 14-16

¹¹ Friberg J, Buch P, Scharling H, et al. Rising rates of hospital admissions for atrial fibrillation. *Epidemiology* 2003;14:666–72.