

## **New report shows better management of AF in Wales could save NHS Wales millions of pounds every year**

A new report, released today by the Atrial Fibrillation Association ([www.atrialfibrillation.org.uk](http://www.atrialfibrillation.org.uk)) calls for improvements in the detection and management of atrial fibrillation, the most common heart rhythm disorder ('arrhythmia') seen in clinical practice, in Wales.<sup>1</sup>

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

Trudie Lobban MBE, Founder and Chief Executive of the Atrial Fibrillation Association, says "Failure to diagnose and treat AF causes untold misery for thousands of people in Wales and costs NHS Wales 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."

AF affects 50,138 people in Wales<sup>2</sup> and is associated with an increased long-term risk of stroke, heart failure and death, especially in women.<sup>3</sup> Its prevalence roughly doubles with each decade of age, from 0.5% at age 50-60 to almost 9% at age 80-89.<sup>4</sup> By 2050, it is estimated that 2% of the general population will have AF.<sup>5</sup>

AF also creates a startling economic burden in Wales. According to new research from the Office of Health Economics, patients with primary or secondary diagnoses of AF occupied almost 308,000 bed days in 2008, at a cost to NHS Wales of more than £100 million<sup>2</sup>. Outpatient costs added an additional £11.9 million<sup>2</sup> and other in-patient costs contributed a further £6.61million<sup>2</sup>. AF patients in Wales are also five times more likely to experience a stroke,<sup>6</sup> with a quarter of strokes caused directly by AF. Better management of AF in Wales could save millions of pounds every year.<sup>7</sup>

The report calls for improvements in seven key areas:

- Make AF an NHS Wales priority – supported by standards, targets, initiatives and incentives
- Raise awareness of AF prevention amongst healthcare professionals and the public in Wales – 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 in Wales - early diagnosis and treatment is essential for reducing ill health and death associated with AF

- Establish an AF champion in every trust in Wales – drive best practice, lead initiatives and represent patients' interests
- Commission better services for people in Wales with 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 in Wales – stakeholders should provide better information and education to encourage patients in Wales 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 in Wales. 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:**

The report, Keeping Our Finger on the Pulse: Why Wales must address the personal, clinical and economic impact of atrial fibrillation, was supported by an educational grant from sanofi-aventis.

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](http://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 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.<sup>8</sup> 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.<sup>9</sup> 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.<sup>9</sup> This is probably due to the increasingly ageing population

Job bag to be included  
 October 2010

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.

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

<sup>2</sup> 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

<sup>3</sup> 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

<sup>4</sup> 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

<sup>5</sup> 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

<sup>6</sup> 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

<sup>7</sup> National Audit Office. Economic Burden of Stroke in England, 2005.

<sup>8</sup> Johan EP Waktare. Atrial Fibrillation. *Circulation* 2002; 106; 14-16

<sup>9</sup> Friberg J, Buch P, Scharling H, et al. Rising rates of hospital admissions for atrial fibrillation. *Epidemiology* 2003;14:666–72.