



News Release

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Registered Charity Number 1122442

Poor treatment of abnormal heart rhythm puts patients' lives at risk

AFA backs campaign call for urgent action to improve patients' health and reduce costs to national health systems

London, 23 November 2010 – The lives of thousands of patients with atrial fibrillation (AF) could be at risk due to poor diagnosis, failure to follow treatment guidelines and lack of quality information for patients. A report published today by the AF AWARE partnership, of which AFA is a partner, argues that poor diagnosis and treatment of AF may lead to increased risk of hospitalization, stroke and other cardiovascular complications, as well as to unnecessary costs to individuals and to healthcare systems in Europe.

These findings come at a time when experts are meeting in London to exchange insights about the effective management of AF, at the *EuropeAF* conference. The findings have prompted an urgent call from the AF AWARE partnership for European-wide improvements.

Six million people across Europe are affected by AF¹, making it the most common cardiac arrhythmia (abnormal heart rhythm). While common symptoms include palpitations, shortness of breath and dizziness, some patients with AF experience no symptoms. AF increases a person's risk of stroke by four to five fold.¹

CEO of Atrial Fibrillation Association, Trudie Lobban MBE, said, "This important report is a warning to government that action needs to be taken urgently to improve diagnosis and care of patients with Atrial Fibrillation. With the rising prevalence of atrial fibrillation in an ageing population, it is important to consider the benefits of innovative medical techniques that are effective, efficient and easy to implement. Pulse screening is one such example of a simple test that can be used to promote more timely diagnosis of potential arrhythmias such as atrial fibrillation. Early diagnosis reduces the risk of life threatening events such as stroke."

The report reveals inconsistencies in adherence to treatment guidelines, inadequate patient resources, and a lack of country-level estimates of AF incidence and prevalence, which raises concerns that AF may be vastly underdiagnosed. This may hinder effective planning within national healthcare systems.

The report highlights that AF may cost the European Union €10 billion per year, based on a French estimate of a total average healthcare costs per year of €3,220 per AF patient. However, costs could be greatly reduced through the use of screening tools in primary care. As a study from the UK indicated, opportunistic screening of primary care patients can cost approximately £200 per patient, but is likely to lead to cost savings, avoiding more expensive secondary care.



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The report also highlights substantial costs related to loss of work due to sickness absence, loss of productivity while at work and the need for early retirement. In Italy and Germany, these indirect costs have been estimated at over €3,000 per AF patient per year, while in the Netherlands, Greece and France these costs are in the hundreds of euros for each patient. The result is increased pressure on individuals with AF, their caregivers, employers, as well as the healthcare and welfare systems.

In response to the report, the AF AWARE partnership, led by the World Heart Federation and the Stroke Alliance for Europe, is calling for immediate action in four areas:

1. Wider availability and use of disease registries, to get a more accurate estimate of AF prevalence and assess the true burden of the disease
2. More educational tools on interpreting and applying treatment guidelines to country-specific needs
3. An assessment of clinician training needs, patient information gaps and treatment preferences
4. Quality patient materials, enabling patients to become true partners in making treatment decisions, with appropriate support from their clinician

“AF is a growing public health concern, with prevalence set to double by 2050” said Dr Markus Wagner, President, Stroke Alliance for Europe. “The AF AWARE partnership is calling for urgent steps to be taken now to improve care for AF patients in Europe and reduce the physical, psychological and economic impact of this disease.”

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1. For further comment from AFA, contact Jo Jerrome at jo@atrialfibrillation.org.uk
2. The AFA website is at www.atrialfibrillation.org.uk

ⁱ PA Wolf, RD Abbott and WB Kannel. Atrial fibrillation as an independent risk factor for stroke: the Framingham Study. *Stroke* 1991;22:983-988. URL: <http://stroke.ahajournals.org/cgi/reprint/22/8/983> - Last accessed: 27.10.2010