THE ATRIAL FIBRILLATION STORY

Seek referral to a heart rhythm specialist for atrial fibrillation

Delamothe's article on improvements in care for atrial fibrillation was ill informed and misleading. The attention now given to cardiac arrhythmias has been the result of at least 10 years' hard work and pre-dated any interest by drug companies in the problem. Outrage expressed by patients that arrhythmia was completely ignored by the national service framework for coronary artery disease led to the addition of a single arrhythmia chapter. The Arrhythmia Alliance is an excellent example of patients and healthcare professionals successfully collaborating to improve care.

Life changing interventions such as catheter ablation and improved understanding of existing drugs (warfarin is as safe as aspirin and better at preventing atrial fibrillation related stroke) have had much more impact than newer drugs. Dronedarone and new anticoagulants have had little influence on practice or prescribing. What is the future for arrhythmia management? Patients are consistently frustrated by how difficult it is to see heart rhythm specialists. Specialists may be nurses, GPs, or cardiologists, but their interest in rhythm problems (rather than coronary disease or other cardiac problems) is key to patients receiving good management.

Delamothe states that Fabrice Muamba has become the new "patron saint of arrhythmias, with his doctors not far behind." We challenge the editor to find one reference in the press that names or quotes the heart rhythm specialist who looked after Muamba. We would give the same advice to the editors that we give to our patients, seek referral to a heart rhythm specialist before giving your opinions.

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1 Delamothe T. From rags to riches: the atrial fibrillation story. BMJ 2012;344:e3871. (7 June.)

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