Management of Atrial Fibrillation in Primary Care

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• Who should be doing what?
  – The PCT
  – Primary Care
  – Intermediate Care
What should the PCT do?

- Increasing awareness of AF in the population
- Encouraging people to attend for health checks to ensure that this condition has not developed asymptotically.
- Screening of the over 65 population should be encouraged with a local incentive scheme.
Prevalence AF by practice
% Over 65yrs by practice
Direct Comparison

Chart Title

% List over 65yrs  % list with atrial fibrillation
What Should the GP do?

• Assess patients with symptoms suggestive of AF
• Incidental screening while reviewing for other problems
• Initiate preliminary investigations such as:
  – 12 Lead ECG
  – FBC
  – Electrolytes
  – Liver function and Gamma GT
  – Thyroid Function
• Appropriately risk stratify
What Should the GP do?

- Initiate appropriate antithrombotic therapy
- Initiate patient education
- Initiate rate limiting medication
- Assess patient progress
- Refer on if rate over rhythm therapy not effective
- Refer on if alternative pathology suspected
What should Enhanced General Practice do?

• Appropriately perform and interpret an ECG

• Initiate anticoagulation as appropriate
What should Intermediate Cardiology Services do?

• To assist other practices in the interpretation of ECGs
• Receive referrals directly from other practices
• To assist in the diagnosis and management of patients presenting with possible Paroxysmal Atrial Fibrillation.
• To assist in the decision of Rate over Rhythm management and if the latter to ensure rapid referral to locality anticoagulation services and referral to DC Cardioversion to obtain optimum treatment intervals for effective intervention
What should Intermediate Cardiology Services do?

- Arrange locality echocardiography in individuals where questions regarding the suitability of anticoagulation or possibility of successful Cardioversion are in question.
- Receive patient back from secondary care cardioversion services to monitor progress and reassess medication strategies dependant on the success of cardioversion.
Patient Presents

Initial Assessment

Patient stable

12 Lead ECG confirms Atrial Fibrillation

On set of symptoms <48 hours

On set of symptoms >48 hours

Rate management appropriate

Assess Antithrombotic therapy needs

Acutely compromised

Emergency Admission

Referral to Rapid access Cardioversion service

Referral to intermediate Cardiology service

Agree Rhythm management appropriate

Disagree Rhythm management appropriate

High risk of Cardioversion failure?

Anticoagulant therapy appropriate

Refer to local anticoagulation service

Cardiology Review

Clearly other issues requiring cardiologist intervention

Rhythm management appropriate

Rate management appropriate

Assess Antithrombotic therapy needs

Antithrombotic
12 Lead ECG confirms Atrial Fibrillation

On set of symptoms <48hous

Referral to Rapid access Cardioversion service

Clearly other issues requiring cardiologist intervention

On set of symptoms >48 hours

Rhythm management appropriate

Referral to intermediate Cardiology service

Agree Rhythm management appropriate

Rate management appropriate

Disagree Rhythm management appropriate

High risk of Cardioversion failure?

Assess Antithrombotic therapy needs

Anticoagulant therapy appropriate

Refer to local anticoagulation service

Yes

Anticoagulate. Commence sotalol or amiodarone and list for DC external cardioversion

No

Anticoagulate and list for DC external cardioversion

Return to intermediate cardiology service for follow up post cardioversion

Antiplatelet therapy appropriate

Initiate betablocker or rate limiting calcium channel blocker as appropriate

Clearly other issues requiring cardiologist intervention
Questions

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