

**Telephone: 01789 450787**

PO Box 3697 Stratford upon Avon  
Warwickshire CV37 8YL



Email : [info@arrhythmiaalliance.org.uk](mailto:info@arrhythmiaalliance.org.uk)

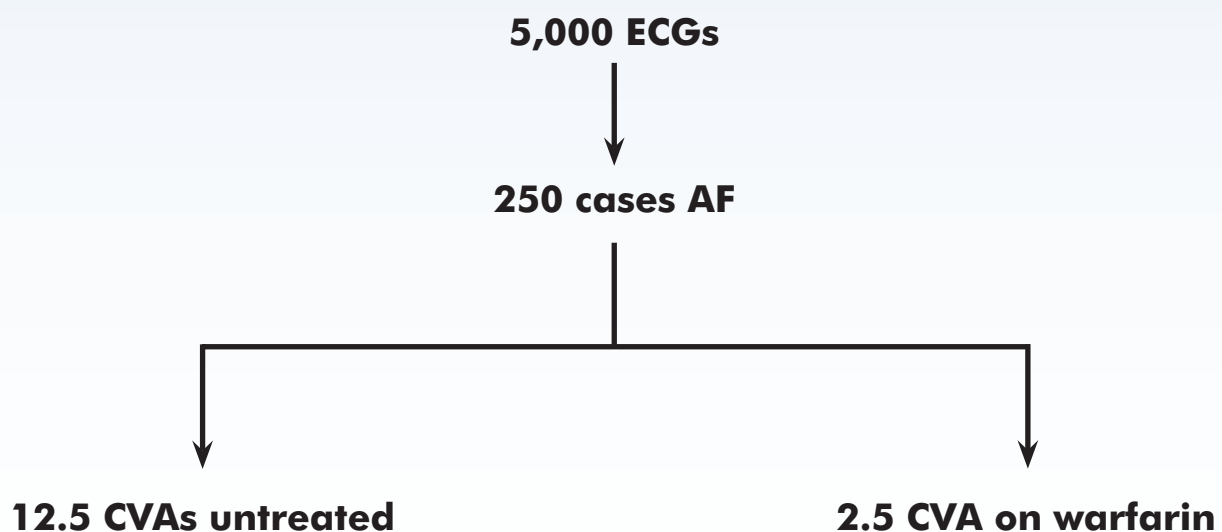
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Promoting better understanding, diagnosis, treatment and quality of life for individuals with cardiac arrhythmias.

## Rationale for suggested pulse check for all individuals aged over 65 years

- Prevalence of Atrial fibrillation (AF) in the over  $\approx$  5%
- Stroke risk of non-rheumatic AF is 5% if untreated, reduced to 1% on warfarin



- 5,000 ECGs to prevent 10 CVA (500 to prevent 1) if all warfarinised
- 5,000 ECGs to prevent 5 CVAs (1,000 to prevent 1) if 50% warfarinised

- **Unless contraindicated, warfarin should be considered for all people with atrial fibrillation at increased risk of stroke (i.e. any of the above: age over 65 years, diabetes, elevated blood pressure, significant structural heart disease) and aspirin to those at low risk.**
- **The long-term risk of stroke and the decision regarding warfarin therapy should be the same for paroxysmal, persistent and permanent atrial fibrillation and should mainly be based on other risk factors.**
- **All high-risk patients (i.e. diabetes, elevated blood pressure, known cardiac disease) should have opportunistic assessment of their pulse rhythm whenever they visit their GP practice. The detection of any pulse that is not regular should be formally investigated by obtaining a 12 lead ECG.**