Pharmacists' engagement in AF awareness Campaigns

Heart Rhythm Week: 5th-11th June

Global AF Awareness Week: 20-26th November

Dr Filipa Alves da Costa
Project Coordinator
iPACT, Board Member

Aims:

- To raise awareness of arrhythmias and equip individuals to check their own pulse at home
- To involve a minimum of 10 countries where pharmacists actively contribute in these A-A initiatives, sustaining the partnership established between Arrhythmia-Alliance (AA)/Atrial Fibrillation Association (AFA) and the International Pharmacists for Anticoagulation Care Taskforce (iPACT)
- To quantify the contribution of pharmacists, in the context of inter-professional collaboration, for the identification of new cases of arrhythmias and for atrial fibrillation, the appropriate institution of anticoagulant therapy

iPACT INTERNATIONAL PHARMACISTS FOR ANTICOAGULATION CARE TASKFORCE

How to do it in practice

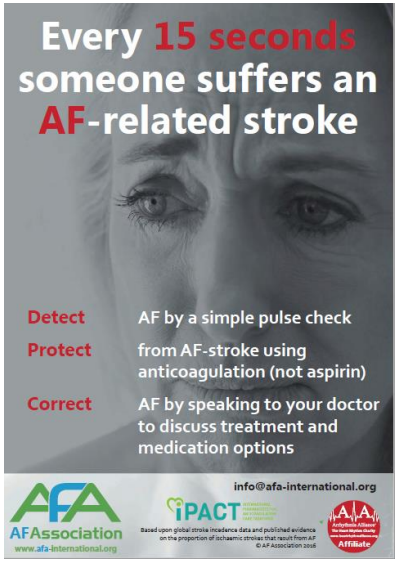
8 simple steps

Step 1: Inform other stakeholders

- The study steering group have sent a letter to the National Cardiology Society, the National Family Physician Society and the National Patient Organisation informing them of the campaign.
- Feel free to engage in local contacts and to refer to such information

Step 2: Advertise the initiative

- Please display on the pharmacy window and/or inside one (or both) of the posters provided 1 weak in advance (29th May). This may foster citizens to ask you about the campaign.
- Start telling your patients that the initiative will be happening during that week.



Patients' inclusion criteria:

- All individuals aged ≥ 40 years, attending the pharmacy during the week 5-11 June should be invited to participate.
- Patients with known Atrial Fibrillation not on anticoagulant therapy may be included.

Patients' exclusion criteria:

- Patients already diagnosed with atrial fibrillation and prescribed with any anticoagulant.
- Anyone taking anticoagulants (except if for a limited time for the indication of Deep Venous thromboembolism - DVT): warfarin, acenocumarol, apixaban, edoxaban, rivaroxaban or dabigatran; including non-oral forms (heparins).

Step 3: Inform the patient and request consent

- All patients meeting the inclusion criteria and invited to participate should be informed what the initiative involves:

  - demonstration of pulse check
  - verification of the pulse undertaken by the pharmacist
  - collection of some data by the pharmacist to evaluate the risk of stroke
  - if any abnormality is detected, referral will be made to the physician, providing a written document

- If patients accept, they should sign an informed consent

Step 4: Demonstrating pulse check

- Use a quiet location of the pharmacy
- Ask patient to sit and rest for 5 minutes
- While the patient is waiting, please collect the needed information (next slide)
- Please use the pull-out card provided to go through each step with the patient
- Ensure that he can do it himself at home in the future

See carefully how you can manually take the pulse

- There are videos available in all languages in this section of the course
- Look for the one in your language

- Video in English

Step 4: Data to be collected before pulse taking

- **AGE; GENDER**
- **SYMPTOMS:** Palpitations, Shortness of breath, Tiredness, Chest pain, Dizziness, Irregular pulse
- **KNOWLEDGE OF HAVING ANY OF THE FOLLOWING CONDITIONS:** Hypertension, Heart muscle disease (also known as failure), Diabetes, Peripheral arterial disease (painful muscle cramping in the hips, thighs or calves when walking, climbing stairs or exercising)
- **KNOWLEDGE OF HAVING HAD ANY OF THE FOLLOWING:** Stroke or transient ischaemic attack, Clot in the body (not the veins of the lungs), Heart attack
- **CURRENT THERAPY:** substance, dose and frequency (indicate only antiplatelet (e.g. aspirin, clopidogrel) and anticoagulant therapies (e.g. warfarin, acenocumarol, heparins, NOACs). Note: if the patient states to be taking anticoagulants, unless except if for a limited time for DVT, he should be excluded

- **Link for data entry**

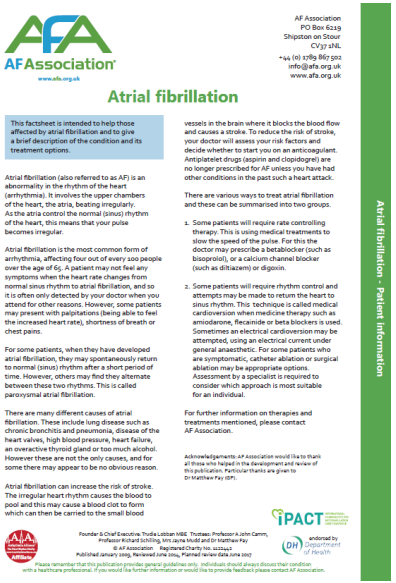
Step 5: Data to be collected after pulse taking

- **Manual pulse check**
  - **Heart rhythm (regular/irregular)**
  - **Heart rate (bpm)**

- **If using AliveCor (or equivalent device)**
  - No irregularity
  - Atrial Fibrillation
  - Unclassified trace

Step 6: Providing information to the patient

- As part of the awareness, all patients, regardless of result, should be given a factsheet (information leaflet) explaining what atrial fibrillation is.



AFAssociation
www.afa.org.uk

AF Association
PO Box 6219
Shipston on Stour
CV37 1NL
+44 (0) 1789 867 502
info@afa.org.uk
www.afa.org.uk

Atrial fibrillation

This factsheet is intended to help those affected by atrial fibrillation and to give a brief description of the condition and its treatment options.

Atrial fibrillation (also referred to as AF) is an abnormality in the rhythm of the heart (arrhythmia). It involves the upper chambers of the heart, the atria, beating irregularly. As the atria control the normal (sinus) rhythm of the heart, this means that your pulse becomes irregular.

Atrial fibrillation is the most common form of arrhythmia, affecting four out of every 100 people over the age of 65. A patient may not feel any symptoms when the heart rate changes from normal sinus rhythm to atrial fibrillation, and so it is often only detected by your doctor when you attend for other reasons. However, some patients may present with palpitations (being able to feel the increased heart rate), shortness of breath or chest pains.

For some patients, when they have developed atrial fibrillation, they may spontaneously return to normal (sinus) rhythm after a short period of time. However, others may find they alternate between these two rhythms. This is called paroxysmal atrial fibrillation.

There are many different causes of atrial fibrillation. These include lung disease such as chronic bronchitis and pneumonia, disease of the heart valves, high blood pressure, heart failure, an overactive thyroid gland or too much alcohol. However these are not the only causes, and for some there may appear to be no obvious reason.

Atrial fibrillation can increase the risk of stroke. The irregular heart rhythm causes the blood to pool and this may cause a blood clot to form which can then be carried to the small blood vessels in the brain where it blocks the blood flow and causes a stroke. To reduce the risk of stroke, your doctor will assess your risk factors and decide whether to start you on an anticoagulant. Antiplatelet drugs (aspirin and clopidogrel) are no longer prescribed for AF unless you have had other conditions in the past such a heart attack.

There are various ways to treat atrial fibrillation and these can be summarised into two groups.

1. Some patients will require rate controlling therapy. This is using medical treatments to slow the speed of the pulse. For this the doctor may prescribe a betablocker (such as bisoprolol), or a calcium channel blocker (such as diltiazem) or digoxin.
2. Some patients will require rhythm control and attempts may be made to return the heart to sinus rhythm. This technique is called medical cardioversion when medicine therapy such as amiodarone, flecainide or beta blockers is used. Sometimes an electrical cardioversion may be attempted, using an electrical current under general anaesthetic. For some patients who are symptomatic, catheter ablation or surgical ablation may be appropriate options. Assessment by a specialist is required to consider which approach is most suitable for an individual.

For further information on therapies and treatments mentioned, please contact AF Association.

Acknowledgements: AF Association would like to thank all those who helped in the development and review of this publication. Particular thanks are given to Dr Matthew Fay (GP).

iPACT

Published January 2005, Reviewed June 2014, Planned review date June 2017

endorsed by DH Department of Health

Atrial fibrillation - Patient information

Step 7: Referring patients to the physician

- For all patients where abnormalities were detected:
  - <55 bpm – bradicardia
  - >100 bpm – tachicardia
  - Irregular heart rhythm
  - If using AliveCor (or equivalent), whenever Atrial Fibrillation is identified. Whenever unclassified trace is obtained, please repeat, and if the same result is obtained, these patients should also be referred
- A referral letter should be sent. This letter may need adaption. It will ask you for the physician's name, the patient's name, the number of patients assessed so far, the result of the pulse check (possibilities above) and for the CHA_2DS_2-VASc score. This will become automatically available once you enter the data on the web application.
- If you are using AliveCor (or equivalent), please attach the single-led ECG.
- Do not forget your contact details so that the physician may communicate.
- Keep a copy of the letter sent, with the patient code (automatically assigned by the web application)

Step 8: Obtaining confirmation of early detection

- The referral letter requested physicians to provide feedback.
- However, if that does not happen, please contact him/her 2 weeks later to request such information

- All patients that return to the pharmacy with their diagnosis confirmed (or rejected), please go back to the web application. Enter the patient code and register the following information:
  - **Diagnosis established:**
    - Atrial Fibrillation
    - Arrhythmia
    - Atrial flutter
    - Other. Please specify:
  - **Medication initiated**

In case you have any concern, please contact your National iPACT representative:

- Brazil – Silvana Leite
- Canada –John Papastergiou
- Czech Republic- Katerina Ladova
- France- Maria-Camille Chaumais
- Hong Kong – Vivian Lee
- Hungary – Reka Viola
- New Zealand – Dale Griffiths
- Portugal – Filipa Costa
- Spain – Maria Dolores Murillo and Salvador Tous
- Switzerland – Kurt Hersberger
- United Kingdom – Sotiris Antoniou

iPACT INTERNATIONAL PHARMACISTS FOR ANTICOAGULATION CARE TASKFORCE

Pharmacists' Global engagement in the Heart Rhythm Week: 5th-11th June

TOGETHER WE CAN HELP MORE PATIENTS

Thank you for your participation!