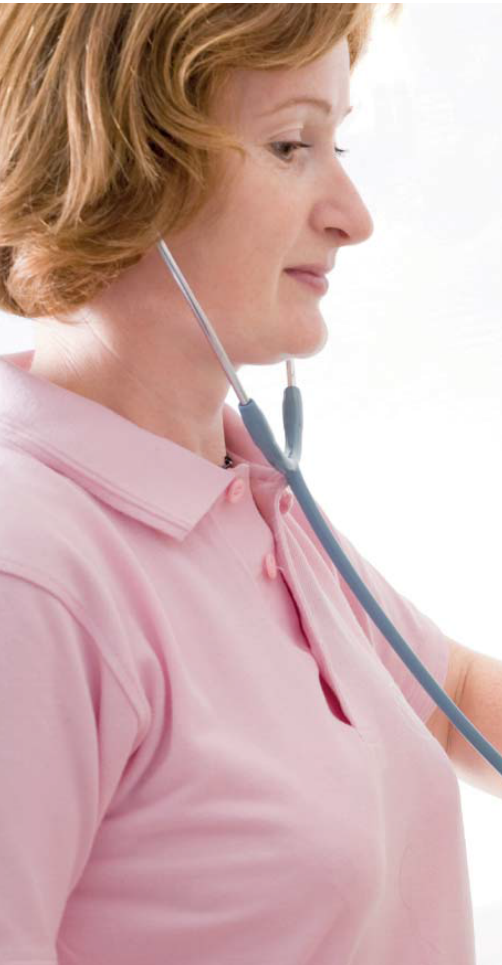


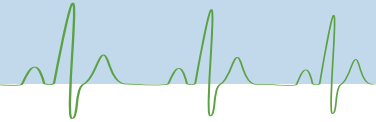
Patient and primary care checklist



Providing information, support and access to established, new or innovative treatments for Atrial Fibrillation

Introduction

If you have been recently diagnosed as suffering from atrial fibrillation (AF) or atrial flutter, or your doctor suspects you have these conditions, this checklist is intended to help you understand the condition, feel at ease with the tests you will be given and be prepared for the treatments your doctor may suggest.



What is atrial fibrillation?

Atrial fibrillation (AF) is the most common heart rhythm disturbance (arrhythmia) encountered by doctors. It results from uncoordinated electrical activity within the upper chambers of your heart and leads to your heart beating in an irregular rhythm. It can affect adults of any age but is more common as people get older. In the UK over one million people are currently diagnosed with AF, and if left untreated AF can lead to serious complications, such as heart failure and stroke.

Sometimes those suffering with atrial fibrillation or atrial flutter can experience symptoms of palpitations, shortness of breath, chest discomfort, light headedness, fainting or fatigue. However, for many there are no noticeable symptoms. In general, only if your symptoms from AF are bothersome will you be offered antiarrhythmic drugs or cardioversion.

Detection and diagnosis

The simplest way of detecting atrial fibrillation is by feeling the pulse; when a clinician suspects AF there is a choice of tests which may be carried out in order to establish a diagnosis.

ECG - An ECG is simply a recording of the electrical activity of the heart. It is done by painlessly connecting wires to the body of the patient and running them to a machine which can detect voltage differences on the surface of the body, which result from the electrical activity within the heart. The test is painless and quick, usually only lasting between one and ten minutes.

Blood tests - Atrial fibrillation is most often a condition in its own right. However, it can develop due to disease elsewhere in the body, such as a thyroid gland problem. You may be asked to have a blood test in order to exclude rule out such problems from an AF diagnosis.

Rhythm monitoring - It may be that although a doctor suspects you have atrial fibrillation, the type of AF you have may make it difficult to confirm, because your heart is sometimes in a regular heart rhythm (sinus rhythm) and occasionally in the irregular heart rhythm (atrial fibrillation). Therefore you may be asked to wear a monitor which is strapped to your chest and will record your heart rhythm continuously for up to seven days.

Occasionally, when a patient is experiencing many symptoms, but diagnosis is proving difficult to confirm, an 'implantable cardiac monitor' may be recommended. This is a small monitor which is inserted beneath the skin of your chest under local anaesthetic and then remains in place, monitoring your heart rhythm day and night until removed having confirmed a diagnosis.

Forms of atrial fibrillation

When atrial fibrillation is diagnosed you should be informed about the type of atrial fibrillation you have as this determines how it should be managed. The different forms are:

Paroxysmal AF -

Episodes that stop within seven days without treatment.

Persistent AF -

Episodes lasting longer than seven days, or requiring medical intervention to terminate.

Permanent AF -

AF which has lasted for more than one year.

Stroke and atrial fibrillation

In atrial fibrillation, the top chambers of the heart (the atria) no longer contract, but instead the muscle quivers like a bag of worms. A lack of efficient contractions means that some blood within the atria becomes stagnant and can form clots. These clots can travel anywhere in the body, but most worryingly they can travel to the brain and cause a stroke.

On average the risk of stroke in AF is five times greater than in the normal sinus rhythm (regular heart rhythm). This is why some people with AF need to have their blood thinned to reduce the risk of clots forming and thus reduce the risk of strokes.

Therefore, a person with AF usually requires anticoagulation, such as warfarin, dabigatran, rivaroxaban or apixaban.

Assessing your personal risk

AF-stroke risk varies significantly from person to person. To work out your individual stroke risk your doctor will apply the scoring system below (or similar).

Your annual stroke risk will vary from under 1% for a score of zero and to over 15% with a score of nine.

There are situations where your doctor will recommend blood thinning even with a score of one.

No anticoagulation is required if your score is zero if male, or 1 if female.

Be aware it is possible that your stroke risk might change as you get older and develop other medical problems. Therefore your doctor will review your stroke risk annually.

	Risk Factor	Score
C	Congestive heart failure/Left ventricular dysfunction	1
H	Hypertension - treated high blood pressure	1
A ²	Age 75+	2
D	Diabetes	1
S ²	Stroke/TIA/TE (thromboembolism)	2
V	Vascular disease - coronary artery disease (CAD), myocardial infarction (heart attack), peripheral artery disease (PAD), or aortic plaque	1
A	Age 65-74	1
Sc	Sex - Female gender	1

Treating atrial fibrillation

Many factors can influence the best treatment for your individual case but the most important factor is the level of symptoms you experience.

Medication

For the majority of people who have been diagnosed with atrial fibrillation, much of the treatment can be managed by drugs supervised by your GP, although initial investigational tests may be carried out at a hospital in the cardiology department.

Antiarrhythmic drug treatments attempt to restore the heart to a normal sinus rhythm, other drugs may also be used to control or slow the heart rate and lessen any symptoms a patient may be experiencing.

Cardioversion

While this can be offered as a treatment at any stage, it has been found that patients have a greater chance of benefitting from a successful cardioversion if given within the first few months of onset of AF. Please see AF information factsheet 'Cardioversion', and booklet 'Electrical cardioversion'.

Other treatments

If your AF does not successfully respond to medication, or if the symptoms you may be experiencing become worse, you may be considered for an ablation procedure, in line with National Institute for Health and Care Excellence (NICE) Atrial Fibrillation guidelines, updated in 2014.

For either a cardioversion or catheter ablation, you will be referred to the cardiology department of a hospital to see either a cardiologist (a doctor specialising in the heart) or an electrophysiologist or EP (a cardiologist who specialises in heart rhythm disorders).

Questions you may wish to ask your doctor

- Will the medication I am taking be affected by other medication?
- How often will I need blood tests to check my blood thinning levels (International Normalised Ratio – INR)?
- Does the GP's surgery offer INR testing, or where will I need to go for this?
- Will food or drink affect my AF or medication?
- How often will I need to have a check-up?
- Who can I call if I feel more unwell than usual?
- How can I find out further information?
- Is there a local AF patient support group?



Check points for follow up appointments

	Yes	No	When (date)	Notes
Did you have symptoms at the time of diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>
Have these symptoms been eased by treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you now had an ECG?	<input type="checkbox"/>	<input type="checkbox"/>
Did this confirm atrial fibrillation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had blood tests?	<input type="checkbox"/>	<input type="checkbox"/>
Was the result from the test on your thyroid gland normal?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told you are not diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told the form of the atrial fibrillation?	<input type="checkbox"/>	<input type="checkbox"/>
Paroxysmal Atrial Fibrillation	<input type="checkbox"/>		
Persistent Atrial Fibrillation	<input type="checkbox"/>		
Permanent Atrial Fibrillation	<input type="checkbox"/>		
Have you been referred to a cardiologist for further assessment?	<input type="checkbox"/>	<input type="checkbox"/>

Glossary

Antiarrhythmic drugs

Drugs used to restore normal heart rhythm.

Anticoagulants

Drugs which help to thin the blood.

Atrial fibrillation (AF)

Irregular heart rhythm.

Atrial flutter

A heart rhythm disorder characterised by a rapid but regular atrial rate but not as high as atrial fibrillation.

Cardiologist

A doctor who has specialised in the diagnosis and treatment of patients with a heart condition.

Cardioversion

A therapy to treat atrial fibrillation or atrial flutter which uses an electrical shock to revert the heart back into normal rhythm.

Catheter Ablation

A treatment which attempts to seal off the faulty misfiring electrical signals inside the heart preventing them from causing the AF.

Echocardiogram

An image of the heart using echocardiography or sound wave-based technology to show a multidimensional shot of the heart.

Electrophysiologist

A cardiologist who has specialised in heart rhythm disorders.

Heart failure

The inability (failure) of the heart to pump oxygenated blood sufficiently around the body to meet physiological requirements.

Sinus rhythm

Normal rhythm of the heart.

Stroke

A medical condition which may be referred to as a 'brain attack' where the brain is deprived of oxygen. Strokes can vary in severity.

AF Association produces a range of booklets and fact-sheets. Titles include:

Booklets

- Ablation for AF
- AF and You
- AF and heart failure
- Atrial fibrillation: Drug information
- Atrial fibrillation: Patient information
- Blood thinning (anticoagulation) in atrial fibrillation
- Electrical cardioversion
- Frequently Asked Questions

We also produce a wide range patient information factsheets on specific medications and treatments. Some of these are available in print form, and all of them are available to download, read and print from our website.



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PLEASE PRINT:

Patient

Title: Mr / Mrs / Miss / Ms / Dr

Full Name: _____

Address: _____

Postcode: _____

Daytime Telephone no: _____

Evening Telephone no: _____

E-mail: _____

Date of Birth: _____

Ethnicity: _____

Carer

Name: _____

Tel: _____

Email: _____

Address: _____

Patient Diagnosed: Yes No

Diagnostic tests done: _____

Diagnosis: _____

If diagnosed by whom:

GP Cardiologist

Geriatrician Paediatrician

Name: _____

Hospital/Medical Centre: _____

Medication: _____

Devices used: _____

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Providing information,
support and access to
established, new or
innovative treatments for
Atrial Fibrillation

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Please remember that this publication provides general guidelines only.
Individuals should always discuss their condition with a healthcare professional.
If you would like further information or would like to provide feedback please contact AF Association.



This booklet is intended for individuals affected by atrial fibrillation.
It provides information about assessment, the procedure and what to expect during and afterwards.
Information within this booklet is based upon clinical research and patients' experiences.