

What is required to change guidelines?

ACCP, NICE and other guidelines

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CHEST

Supplement

ANTITHROMBOTIC THERAPY AND PREVENTION OF THROMBOSIS, 9TH ED: ACCP GUIDELINES

Antithrombotic Therapy for Atrial Fibrillation

Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines

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CHEST 2012; 141(2)(Suppl):e531S–e575S

No mention

Next ACCP Guideline due 2017

Atrial Fibrillation

Atrial fibrillation: the management of atrial fibrillation

Clinical guideline

Methods, evidence and recommendations

June 2014

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5 Identification and assessment

5.1 Presenting symptoms/pulse palpitation

AF can present in the setting of a wide variety of cardiac and non-cardiac conditions, it is often asymptomatic and can present with vague non-specific symptoms. Too often, AF is only detected after the patient presents with serious complications of AF, such as a stroke, thromboembolism or heart failure. The initial diagnosis of AF depends on associating symptoms such as breathlessness, dyspnoea, palpitations, syncope/dizziness or chest discomfort with AF.

Most of the data on presentation of AF patients have been based on white Caucasian populations, and limited data are available in relation to ethnicity and AF.¹⁵¹ Furthermore, there may be important differences between hospital-based cohorts compared with community or population-based studies, as many do not present to hospital care, and if they do, it is often in the context of associated comorbidity such as ischaemic heart disease or heart failure. Indeed, many patients with AF in general practice remain asymptomatic. However, as AF commonly occurs in association with risk factors, such as hypertension, diabetes and ischaemic heart disease, opportunistic assessment of such patients for the presence of AF may be prudent, especially since such patients are frequently seen for check-ups in primary care.

While general population **screening** is beyond the scope of this guideline, targeted/opportunistic **screening** of symptomatic patients or those with risk factors may allow identification of AF patients. One recent study^{201,426} aims to determine the baseline prevalence and the incidence of AF based on a variety of **screening** strategies and in doing so to evaluate the incremental cost effectiveness of different **screening** strategies, including targeted or whole population **screening**, compared with routine clinical practice, for detection of AF in people aged 65 and over. This study²⁰¹ – whose publication date fell outside of the date limits of the systematic literature search – reported that the baseline prevalence of AF in subjects older than 65 was 7.2%, with a higher prevalence in men (7.8%) and among patients aged 75 or older (10.3%), and indicated that the only strategy that improved on routine practice was opportunistic **screening**.

5.1.4 Recommendation

1. Perform manual pulse palpation to assess for the presence of an irregular pulse that may indicate underlying atrial fibrillation in people presenting with any of the following:
 - breathlessness/dyspnoea
 - palpitations
 - syncope/dizziness
 - chest discomfort
 - stroke/transient ischaemic attack. [2006]

2016/17 General Medical Services (GMS) contract Quality and Outcomes Framework (QOF)

Guidance for GMS contract 2016/17

April 2016

<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/QOF/2016-17/2016-17%20QOF%20guidance%20documents.pdf>

Section 2.1: Clinical domain (435 points)

Section 2.1. applies to all contractors participating in QOF.

Atrial fibrillation (AF)

Indicator	Points	Achievement thresholds
Records		
AF001. The contractor establishes and maintains a register of patients with atrial fibrillation	5	
Ongoing management		
AF006. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA ₂ DS ₂ -VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS ₂ or CHA ₂ DS ₂ -VASc score of 2 or more) <i>NICE 2014 menu ID: NM81</i>	12	40-90%
AF007. In those patients with atrial fibrillation with a record of a CHA ₂ DS ₂ -VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy <i>NICE 2014 menu ID: NM82</i>	12	40-70%

For AF007, patients with a previous score of 2 or above using CHADS₂, recorded prior to 1 April 2015 will be included in the denominator.

Series

THE LANCET



Atrial fibrillation 1

Stroke prevention in atrial fibrillation

Ben Freedman, Tatjana S Potpara, Gregory Y H Lip

Lancet 2016; 388: 806–17

See Editorial page 731

This is the first in a Series of three papers about atrial fibrillation

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Atrial fibrillation is found in a third of all ischaemic strokes, even more after post-stroke atrial fibrillation is recognised. Data from stroke registries show that both unknown and untreated or under treated atrial fibrillation is responsible for most of these strokes, which are often fatal or debilitating. Most could be prevented if efforts were directed to detection of atrial fibrillation before stroke occurs, through screening or case finding, and treatment of atrial fibrillation with atrial fibrillation at increased risk of stroke with well-controlled vitamin K antagonists or non-vitamin K antagonist anticoagulants. The default strategy should be to offer anticoagulant thromboprophylaxis to all patients with atrial fibrillation unless defined as truly low risk by simple validated risk scores, such as CHA₂DS₂-VASc. Assessment of bleeding risk using the HAS-BLED score should focus attention on reversible bleeding risk factors. Finally, patients need support from physicians and various other sources to start anticoagulant treatment and to ensure adherence to and persistence with treatment in the long term.

THE LANCET

"Atrial fibrillation is estimated to affect 33 million people worldwide....There are no excuses to ignore this common cardiac disorder."

Atrial fibrillation and stroke: unrecognised and undertreated

When did you or your primary care physician last palpate your wrist to check for a regular heart rate? This simple action, followed by an electrocardiogram if the heart rate is irregular, might be crucial in preventing death and disability from ischaemic stroke, heart failure, or myocardial infarction

... any people do not know that they have atrial fibrillation until they develop symptoms or present with an ischaemic thromboembolic stroke or systemic thromboembolism.