



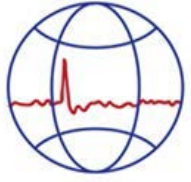
Known but Untreated AF

Previously Diagnosed – “Actionable AF”

- Can be discovered in population screening
- In Engdahl et al
 - 9.6% had known AF
 - 43% of known AF were not on OAC
- In Svennberg et al
 - 9.3% had known AF
 - 22% of known AF were not on OAC
- Swedish Riks STROKE registry: 20% of all ischemic strokes occurred in patients with known AF but not on OAC

UK National Screening Committee 2014

- *Screening for atrial fibrillation in the over 65 year old population is not recommended as it is uncertain that screening will do more good than harm to people identified during screening for AF.*
- This is because
 1. **The treatment and care for people with AF is not optimal**
 2. Better evidence is needed about whether AF detected at screening carries the same long term risk of stroke as AF found in the context of other conditions
 3. The test needs to be improved and standardised.



AF-SCREEN

Known but Untreated AF Previously Diagnosed – “Actionable AF”

- Should we include this in the screening algorithm in population screening?
 - 2.1% of total population in Svennberg et al
- Should we link screening for unknown AF with decision support to increase proportion treated ?
 - Not just undiagnosed AF
 - Also known untreated



Should we look for, and treat diagnosed AF?

- Increases the prevalence of untreated AF
- From 3% to 5.1% (Svennberg et al Circulation 2015)
- A clear indicator for OAC treatment (unless contraindicated or personal reasons)