


AF screening – non US/non Europe perspective

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- **Current recommendations**
 - **The disease fact**
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Stroke in China: Contribution to two recent stroke trials

- **INTERACT2: 1920/2829 (67.9%)** (Anderson CS, et al. NEJM 2013; 368:2355-65).
 - **ENCHANTED: 1419/3297 (43.0%)** (Anderson CS, et al. NEJM 2016; 374:2313-23).
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A 2014 China consensus document on AF screening in acute stroke/TIA

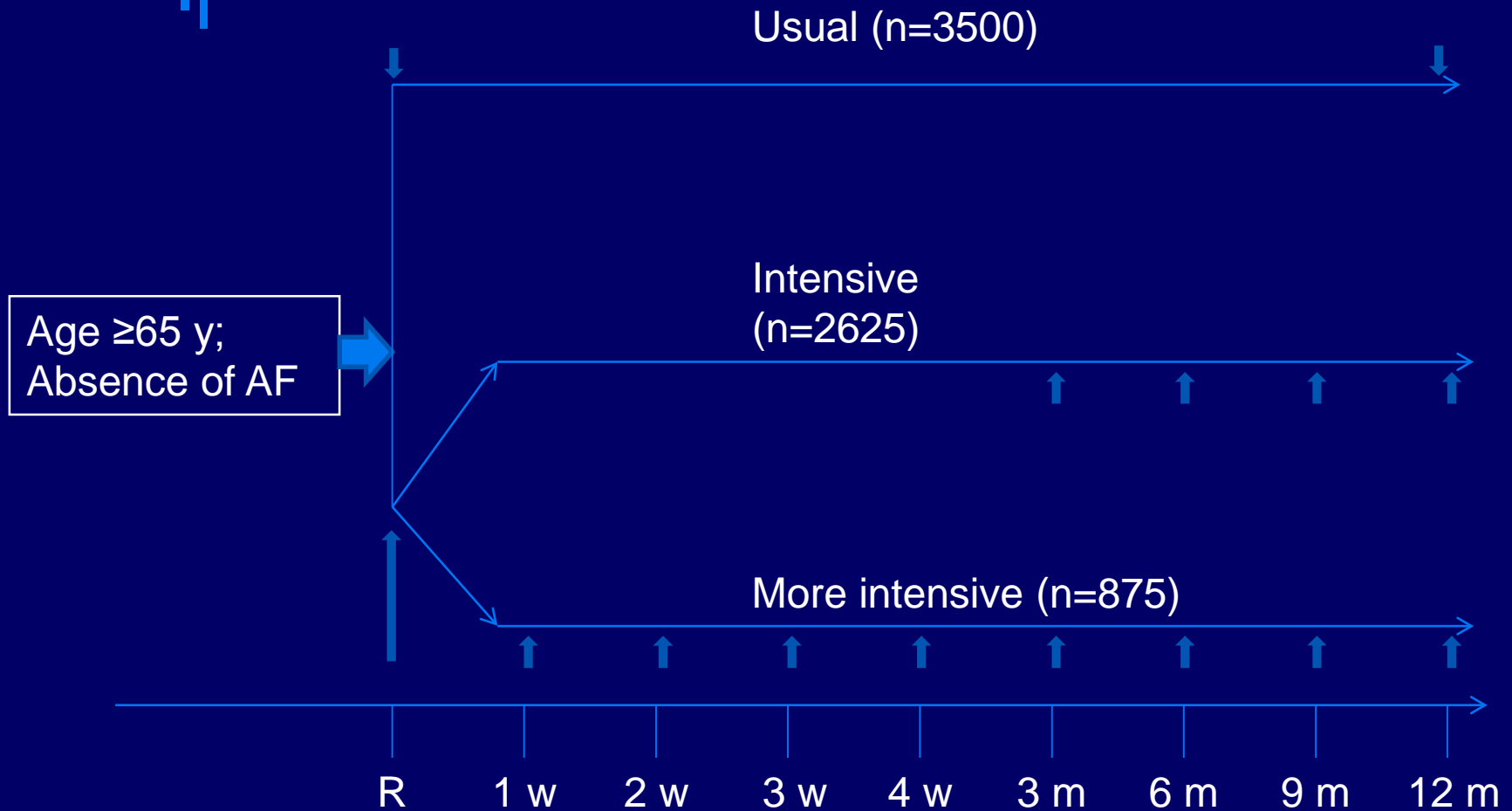
- Chinese Commission of Health and Family Planning and the Chinese Preventive Medicine Association (with its Stroke Prevention and Control Council)
- In patients with an acute ischaemic stroke or TIA, AF should be screened routinely by disease history inquisition, physical examination, and 12 leads ECG, and if possible by a 24-hour Holter.
- In patients with unidentifiable causes of AF or with suspected cardiogenic embolism, a 24-hour Holter is required.
- If STAF is ≥ 5 points or LADS is ≥ 4 points, multiple AF screening approaches, including 24-hour or longer Holter or repeated 12 leads ECG are required.



China surveys on AF

Publication	Age range (years)	Overall prevalence (%)
Zhou Z, et al. J Epidemiol. 2008;18:209–16.	>30	0.65
Chien KL, et al. Int J Cardiol. 2010;139:173–80.	>60	1.83
Long MJ, et al. Int J Cardiol. 2011;148:48–52.	>60	1.04
Li Y, et al. Biomed Environ Sci. 2013;26:709–16.	>35	0.77
Li LH, et al. BMC Cardiovasc Disorders 2015; 15:31.	>60	1.7
Sun GZ, et al. Int J Cardiol. 2015;182:13-7.	>35	1.2
Guo Y, et al. Chest. 2015; 147:109-19.	>20	0.2
Chei CL, et al. Chin Med J (Engl). 2015; 128:2426-32.	>65	3.5

A trial on AF screening in the elderly



Thank you very much !
