Atrial Fibrillation – not so NICE in Ireland!

Abstract:
Atrial fibrillation is arguably the biggest cardiovascular challenge facing us in Ireland. The TILDA longitudinal study shows that up to 11% of our 80 years+ population have atrial fibrillation. It is a common condition which affects 5% of the population over the age of 65. The recent evidence, from a number of studies, including ROCKET AF and RE-LY, suggests that the risk of stroke is increased by 3 times with atrial fibrillation compared to normal sinus rhythm. While atrial fibrillation accounts for 20% or so of all strokes internationally, local stroke databases suggest atrial fibrillation to be a causative factor in almost 1/3 of strokes in Ireland and associated with 55% of the more severe strokes. A stroke from atrial fibrillation is associated with 6% chance of significant disability and almost 20% mortality.

A condition with such a high prevalence and such a high stakes should warrant a concerted preventative programme and public education. The WHO criteria used to grade atrial fibrillation and Irish GPs know how to diagnose and treat atrial fibrillation. The technology however to monitor, analyse and interpret cardiac rhythm unreliably and for periods of up to 5 days is needed in primary care and the remuneration of GPs for identifying and screening those at risk (perhaps those over 65 with hypertension initially) from proper patient registers needs to worked out. While this may seem rich in the current economic climate, a principle in stroke prevention however, is that we must invest to save.

Antiplatelets are of little efficacy for stroke prevention in atrial fibrillation and have largely been abandoned as a recommended therapy. Randomized controlled trials show that warfarin is superior to aspirin for stroke prevention with atrial fibrillation. While the CHADS2-Vasc scoring systems 

- Warfarin, in the TSOFTAF study, has shown a significant benefit for stroke prevention in atrial fibrillation of the European Society of Cardiology (ESC). Europace. 2010 Oct; 12:1360-420
- The CHA2DS2-VASc scoring system for probability of stroke is also recommended. Europace. 2010 Oct; 12:1360-420
- Warfarin compared to aspirin was shown to reduce the risk of stroke and total vascular events in a large randomized study among patients with atrial fibrillation. JAMA. 2001; 285:2313-21.
- The Hokusai trial, presented at ESC, has shown a significant benefit of dabigatran over warfarin for stroke prevention in atrial fibrillation. 

References: