Atrial Fibrillation

Introduction

Atrial Fibrillation (AF) is a major cause of morbidity and mortality in the UK and as many as 25 - 30% of sufferers may be undiagnosed[1-3]. Primary health care clinicians are at the forefront of the detection of AF as well as subsequent investigation and management. As our patient population ages, the incidence and prevalence of AF will increase. And increasingly, the decisions about diagnosis and therapies will be made in primary care. There have been a number of advances in the treatment of AF in recent years, particularly with the introduction of Direct Oral Anti-Coagulants (DOACs), (previously known as Novel Oral Anti-Coagulants - NOACs). Unfortunately, some patients have reported that they have limited understanding of their condition and little involvement in deciding on the best treatment options[2].

As with all PBSGL modules, the content was decided by a focus group of ten clinicians who are PBSGL members.

Module aims

- To review presenting symptoms of patients with AF and consider risk factors for it
- To address some of the common areas of difficulty in managing AF in primary care
- To present the safe and appropriate use of DOACs rather than warfarin prescribing

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Cases

Case 1: Ethel, an 80-year-old woman
Part One
A carer calls to request a house call for Ethel. She is "not quite right", but the carer cannot be more specific. Ethel has a history of type two diabetes, heart failure, and chronic kidney disease (CKD 3). Her last eGFR two months ago was 49 (stable) and her creatinine is 100μmol/l. She lives alone, has no family nearby, and is mobile with a walking stick. Her medicines are: metformin 500mg before breakfast and evening meal, ramipril 5mg twice daily, bisoprolol 5mg and furosemide 20mg, both in the morning.

You arrive at Ethel's sheltered accommodation, and she seems to be her normal self. She has felt "a bit odd" a few times over the last two weeks and had some palpitations. Ethel has not had chest pain or breathlessness. Her temperature is 36.8^{0}C, BP 130/90mm Hg, and