



EUROPE



AF-related stroke prevention: today and the future

Summary for patients

People who have experienced atrial fibrillation (AF) sometimes describe it as frightening, taking away confidence and hard to understand and explain to others. That is why it is important for all of us to work together to help raise understanding of AF and AF-related stroke. There is information, education, support therapies and treatments available that can help patients with AF to live their lives to the full. We need the public and healthcare professionals to be AF aware and highlight the importance of knowing your pulse and discussing with your doctor. So please read and share this leaflet with others and encourage people to be AF aware. Together we can help people living with AF, as well as reduce the potential risk of AF-related stroke.

Trudie Lobban MBE, Founder & CEO of the AF Association

To address the challenges AF brings, research organisation RAND Europe looked at how AF is currently managed in Europe and how that could change in the coming years. The study is part of the Future of Anticoagulation Initiative, a set of activities aimed at improving AF-related stroke prevention, and it focused on the use of stroke-prevention drugs. The study involved:

- Reviewing research literature and clinical guidelines.
- 60 interviews with doctors, patient representatives and others from Belgium, France, Germany, Italy, Spain and the UK.
- In-depth discussions with the project steering committee.

Detecting AF

To increase the chance of detecting AF, it is important for patients at higher risk to receive a pulse check when they visit their doctor. This ‘opportunistic screening’ is recommended by the European Society of Cardiology for patients over the age of 65 because detecting AF can enable earlier intervention to reduce AF-related stroke risk.

AF therapy

Oral anticoagulants are often used to reduce AF-related stroke risk.² For patients who qualify to receive these drugs, there are two types: Vitamin-K antagonists (VKAs) and the more recently developed non-VKA oral anticoagulants (NOACs). Within Europe, guidance for doctors varies on whether to use NOACs or VKAs.

Did you know?

- AF is the most common type of arrhythmia (irregular heart rhythm)
- AF increases a person’s risk of stroke **five-fold**
- AF can be **symptomless**
- A simple, manual pulse check (verified with an ECG) can detect AF
 - See your doctor and an AF patient association for details¹

The Future of Anticoagulation Initiative – International Steering Committee

Representing professional and patient perspectives, the committee guided research, consideration of future scenarios and shaping of recommendations to improve the outlook for AF.

Members:

- Prof John Camm (Chair), UK
- Prof Josep Brugada, Spain
- Prof Jean-Marc Davy, France
- Prof Raffaele De Caterina, Italy
- Prof Hans-Christoph Diener, Germany
- Prof Dr Andreas Goette, Germany
- Prof Reinhold Kreutz, Germany
- Trudie Lobban, UK
- Dr Jonathan Salter, UK
- Dr Andrew Walker, UK

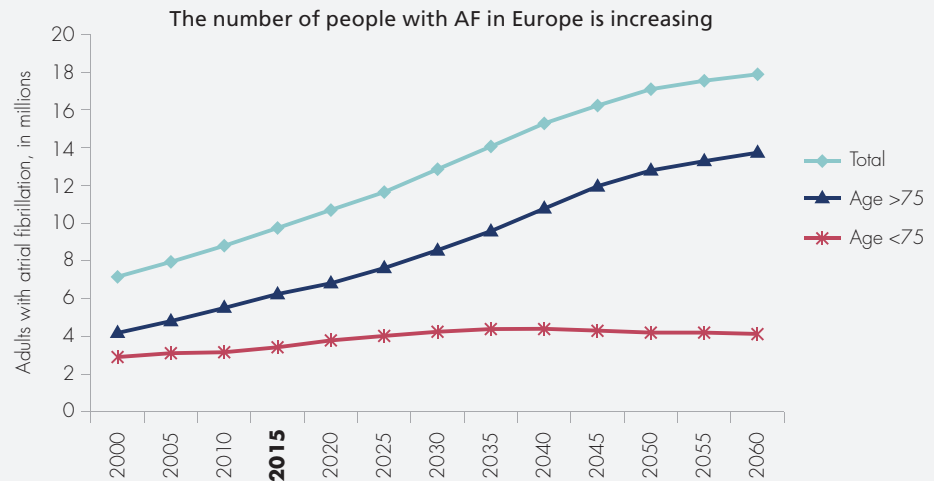
¹ One information source is the website for the International Atrial Fibrillation Association, a patient group: www.afa-international.org

² For patients that cannot receive oral anticoagulants, other options for AF-related stroke prevention may be antiplatelet therapy and left atrial appendage occlusion, closure or excision (according to the latest guidance from the European Society of Cardiology).

A growing issue

Across the EU, two per cent of people have AF, and this number is growing as populations age and risk factors like obesity and diabetes become more common.

Figure produced using prevalence data from Krijthe et al. (2013) and population demographics from Eurostat (2014).



Recommendation 1: Improve AF awareness among the public and policymakers

- AF awareness is currently low.
- Early diagnosis is challenging because few people know about AF.
- Improving healthcare policies related to AF requires greater policymaker awareness of AF.

Improved awareness could lead to earlier detection and intervention, resulting in fewer AF-related strokes.

Recommendation 2: Support education about AF detection and management for healthcare providers and patients

- Patients who understand AF and the need for therapy are more likely to follow medical guidance:
 - A challenge with AF-related stroke prevention therapy is that it does not make patients feel better, so patients may not recognise its importance.
- Doctors do not always follow clinical guidelines when prescribing drugs for preventing AF-related stroke.

Spreading knowledge about AF, including symptoms, detection and management can lead to earlier intervention and improved stroke prevention.

Recommendation 3: Maintain engagement in AF-related research across the health services

- Research is needed to monitor effects of interventions in education and other aspects of AF-related healthcare delivery, and for progress in new therapies.

Physicians, nurses and other healthcare specialists can all play a role in improving how AF is managed.

Taking action: what can you do?

If you or someone you know has atrial fibrillation, in addition to speaking to your physician, you may wish to:

- Learn about the resources for obtaining more in-depth medical information about the condition and care options, such as:
 - The International Atrial Fibrillation Association website: www.afa-international.org
 - The Arrhythmia Alliance International website: www.aa-international.org
- Get involved with other patient initiatives by talking with your local AF patient association.



This summary describes work done by RAND Europe for the Future of Anticoagulation Initiative funded by Daiichi Sankyo Europe and documented in *The Future of anticoagulation management in atrial fibrillation in Europe. An assessment of today's challenges with recommendations for the future*, by Catherine Lichten, Sophie Castle-Clarke, Catriona Manville, Veronika Horvath, Enora Robin, Joachim Krapels, Sarah Parks, Megan Sim, Olga van Zijverden and Joanna Chataway, RR-1053-UKRF, 2015 (available at www.rand.org/t/rr1053). To view this summary online, visit www.rand.org/t/RB9846z1. RAND Europe is a not-for-profit research institute whose mission is to help improve policy and decisionmaking through research and analysis. RAND Europe's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.

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RB-9846/1-UKRF (2015)

Date of preparation: June 2015 | Job code: DSC 15 0023