

Screen, detect and talk: GPs urged to take action on atrial fibrillation

Doctors are being urged to help stem the growing health burden of atrial fibrillation (AF) through a number of measures including screening and detection, increased dialogue with patients and further efforts around medication adherence.

A new White Paper, released today by [hearts4heart](#), is calling for immediate action to manage the growing health issue of AF. Affecting 460,000 Australians, AF is a major cause of stroke (6,000 per year), heart failure, hospitalisation (60,000 per year) and death, with mortality rates almost doubling over the last two decades.

The White Paper, [Time to Change the Beat](#), recommends a raft of measures including improved screening and detection for AF in general practice. It goes as far as calling for a new MBS number to be created so GPs can screen patients with AF risk factors and those aged 65 years and over.

The paper also recommends other measures to improve the management of AF in primary care, such as inclusion of ECG as mandatory in age-specific health assessments in general practice and training for practice nurses on pulse checking. Also suggested is the use of electronic blood pressure machines that measure pulse and heart rhythm, or include an algorithm for AF.

At the same time, the White Paper found an alarming lack of knowledge among patients about the link between AF and stroke, and recommends this is addressed through increased dialogue between healthcare professionals and their patients. The White Paper also emphasises that while new oral anticoagulants have improved treatment of AF, adherence remains a major problem with a recent study showing persistence rates of just 57 per cent over 2.5 years for AF patients.

“This White Paper casts some much-needed attention on atrial fibrillation as a major public health issue, which is draining the healthcare system of \$1.63 billion every year, and costing patients their health and their lives. We are encouraged that the White Paper proposes meaningful and achievable strategies which can reduce the burden of this terrible condition in Australia. We are urging GPs and other healthcare professionals to take action to make sure they are implemented,” said Tanya Hall, CEO of hearts4heart.

One of the country’s leading heart rhythm experts, Dr David O’Donnell from the Austin Hospital in Melbourne, also welcomed the White Paper.

“As someone who has spent many years treating atrial fibrillation, I know all too well the true cost of this condition for Australians. I hope this White Paper results in improved diagnosis of atrial fibrillation so patients can be treated earlier and better,” he said.

Meanwhile, another key recommendation is that the availability of catheter ablation be improved, most importantly calling on Federal Health Minister Greg Hunt to include it on Part C of the Prostheses List, therefore requiring private insurers to cover the cost.

“We believe catheter ablation is an important treatment option for AF patients and are therefore working towards improving availability and access. We also want GPs and other healthcare professionals to be aware of the role of catheter ablation for patients whose heart rate or rhythm is not adequately controlled by other therapies,” Ms Hall said.

“This paper supports our view that atrial fibrillation is a deeply concerning issue, which needs more attention for the alarming number of health issues, hospitalisations and deaths it causes every year. Action is needed on all fronts, and we are relying on healthcare professionals to play their part in implementing these recommendations as soon as possible,” Ms Hall concluded.

The *Time to Change the Beat* White Paper presents clear recommendations to improve the detection and management of atrial fibrillation over the next five years. It calls for a range of measures (refer to White Paper for more detail) to improve:

- Screening and detection of atrial fibrillation in both general practice and pharmacy;
- Public understanding of atrial fibrillation, its relation to stroke, and to encourage self-detection; and
- The medical management of atrial fibrillation, including treatment adherence
- Availability and accessibility of catheter ablation.

Contributors to the [White Paper](#) include: Dr Dominik Linz, Electrophysiologist, South Australian Health and Medical Research Institute, University of Adelaide; Dr Alex McLellan, Cardiologist and Electrophysiologist, Alfred Hospital and St Vincent’s Hospital, Melbourne; Dr Peter Piazza, General Practitioner, Five Dock; Dr Joe Nicholas, General Practitioner, Fairfield; Pharmaceutical Society of Australia; Pharmacy Guild of Australia; National Stroke Foundation; National Heart Foundation; Medical Technology Association of Australia; Boehringer Ingelheim; Bristol Myers Squibb; Medtronic and Johnson and Johnson.

About Atrial Fibrillation

Atrial fibrillation is a major public health issue that requires immediate attention and action.

As the most common form of heart arrhythmia (irregular heartbeat), AF affects around 460,000 Australians, with up to 30 per cent remaining undiagnosed. It is associated with a five- to sevenfold increase in the risk of stroke and a threefold increase in the risk of heart failure.

Today, atrial fibrillation is a major cause of stroke (6,000 strokes annually), heart failure, hospitalisation (more than 60,000 hospitalisations annually) sudden death and cardiovascular disease, with direct annual healthcare costs of \$1.63 billion.

In contrast to other cardiovascular conditions which have seen declines in mortality in past years, mortality rates related to AF have almost doubled over the last two decades.

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