Travelling with Atrial Fibrillation

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Travels with Aunt Flo
Coming up...
- The Rules
- The Dillon Effect
- The Zebedee Issues
- The Ermintrude in the room
- Travelling with Aunt Flo
The DVLA and Arrhythmia
Sinoatrial disease
Significant atrio-ventricular conduction defect
Atrial flutter/fibrillation
Narrow or broad complex tachycardia

Group 1 entitlement ODL – car, motorcycle
**Driving must cease if the arrhythmia has caused or is likely to cause incapacity.**
Driving may be permitted when underlying cause has been identified and controlled for at least 4/52.
DVLA need not be notified unless there are distracting/disabling symptoms.
…Dillon the Rabbit would have times when he became very tired. His energy would just drain away and his day would be ruined. He would find a tree to sit under and just go to sleep.

Flo wondered how she could help but it would help if it did not happen.

Things you could consider

• If you are considering stopping your anti-arrhythmic do it after you travel.
• If you take a ‘pill in a pocket’ discuss with your specialist taking it regularly.
• Make sure you have a good supply of your anti-arrhythmics.
• Have some tablets in your hand luggage and your case.
• Remember Amiodarone and the sun, wear a hat and sunblock.
Time for bed!
Time for Warfarin!
Atrial fibrillation and heart valve disease: self-monitoring coagulation status using point-of-care coagulometers (the CoaguChek XS system and the INRatio2 PT/INR monitor)

Issued: September 2014

NICE diagnostics guidance 14
www.nice.org.uk/dg14
Stroke Risk stratification

CHADSVASc Score

Bleeding risk stratification

Offer Anticoagulation to those at risk of AF related stroke

Discuss the options for anticoagulation with the person and base the choice on their clinical features and preferences

Anticoagulation offered
Anticoagulation contra-indicated

Vit K antagonists

Assessment of A/C control

Non Vit K antagonists

Poor control

Left atrial appendage occlusion

Annual review in all patients

Do not offer Antiplatelet Therapy

NICE AF Guideline June 2014
Non Vitamin K Oral Anticoagulant Use for Stroke Prevention in AF
The perfect anticoagulant

• Effective
• Oral
• Fast onset of action
• Short half life
• Predictable pharmacokinetics
• No drug/food interactions
• Fully reversible

• Do the NOACs fulfill these criteria?
“I’m going to prescribe something that works like aspirin but costs much, much more.”
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<th>Primary prevention of VTE in adults undergoing elective hip and knee replacement</th>
<th>Prevention of stroke of systemic embolisation in patients with non-valvular AF</th>
<th>Treatment of DVT and prevention of recurrent DVT and PE following an acute DVT in adults</th>
<th>ACS with elevated cardiac biomarkers, co-administered with ASA alone or with ASA plus clopidogrel or ticlopidine</th>
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<td><strong>Apixaban</strong>&lt;sup&gt;8-10&lt;/sup&gt;</td>
<td>✓ Technology Appraisals (TA245) Jan 2012</td>
<td>✓ Technology Appraisals (TA275) Feb 2013</td>
<td>✓ Technology Appraisals (TA341) Jun 2015</td>
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Use of Novel Oral Anticoagulants (NOACs) across Clinical Commissioning Groups (CCGs) in England

NOAC uptake is symptomatic of local variations in AF management and there is a need to provide all patients high quality anticoagulation.
"Hold it, I wonder if I might try the warfarin again?"
Talk to your specialist. 
Let them know where you're planning to go and for how long. 
Ask if there are any reasons you shouldn't make the trip and what precautions you should take.

Find out if your implanted device is common where you're traveling.

Wear your medical ID bracelet and carry your anticoagulant card. If you don't already have a medical ID, get one before you travel. 
It should have:
• your medical condition
• implanted devices you have
• medication you take
• Your GP & specialists contact information.
Stay on schedule. Being overtired is a common trigger. Make a point, even on vacation, to stick with your normal sleep schedule.

Be active – within your limits. Physical activity is good for people with AF. Just don't exert yourself much more than normal. Pushing yourself too hard could trigger AF.

Don't overindulge. It's easy to eat and drink more than usual when you're away. But alcohol and overeating can both trigger AF.

Watch for symptoms. As always, look out for unusual symptoms. Get medical help right away if you have:

• AF that feels different
• goes on longer than usual
• chest pain
• any symptoms of stroke, such as weakness.
Wishing you the best on your travels

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