When to seek medical attention or intervention

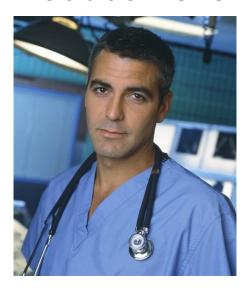
Richard Schilling





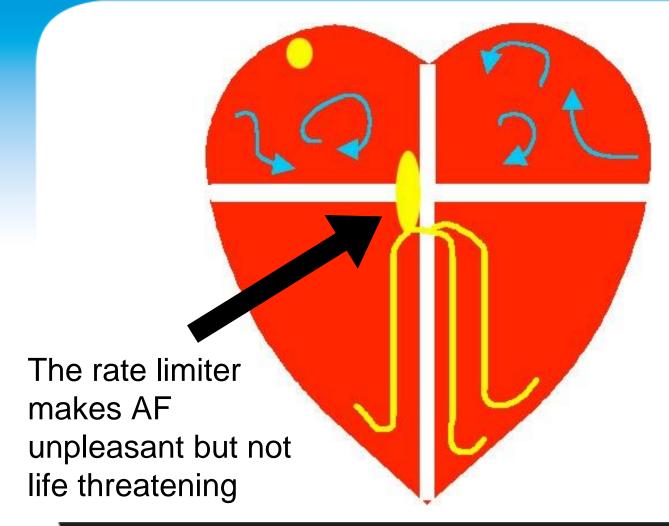
General principles

- Seek medical attention if:
 - life saving
 - likely to make one feel better
 - will reduce risks





What is AF?

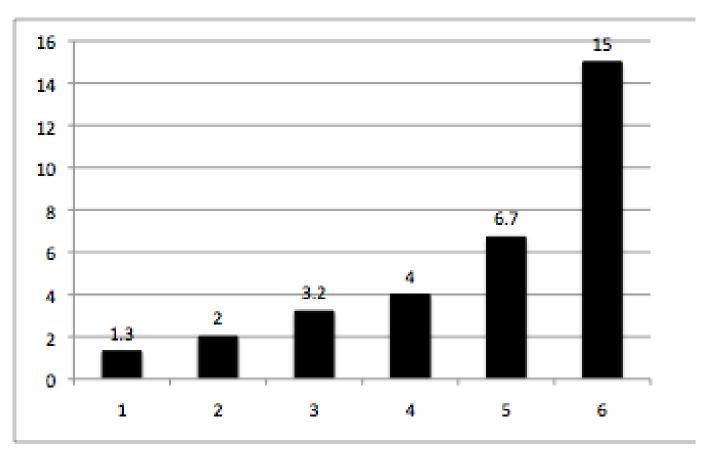


Priorities for AF management

- 1. Stroke prevention
- 2. Rate control then if still symptomatic
- 3. Rhythm control

Annual stroke risk per CHADSVasc score

Annual stroke risk (%)



CHADSVasc score



So therefore seek help if you:

- Congestive heart failure
- Hypertension (even treated)
- Age >65 >75
- Diabetes
- Stroke (in you not family)
- Vascular disease (e.g. angioplasty)
- (Female if >65)

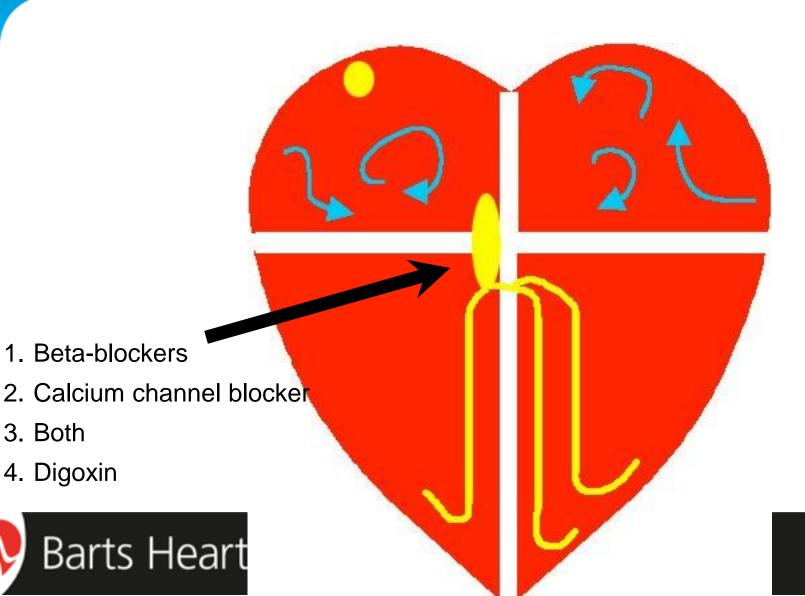
What will they do?

- Start direct oral anticoagulant
- Check your kidney function
 - Apixaban
 - Dabigatran
 - -Rivaroxaban

Rate control

3. Both

4. Digoxin



Common misconceptions

- Common misconceptions
 - –heart rate needs to be controlled urgently how do people run marathons, how is it patients can have undetected AF for years?
 - –emergency treatment is needed to deal with stroke risk
 - -must call an ambulance if you get AF

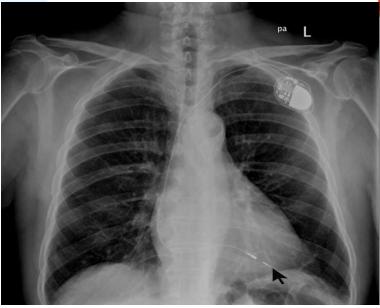
Rate control

- Fails and requires referral to specialist if:
 - Patient doesn't respond
 - Patient has side effects from drugs

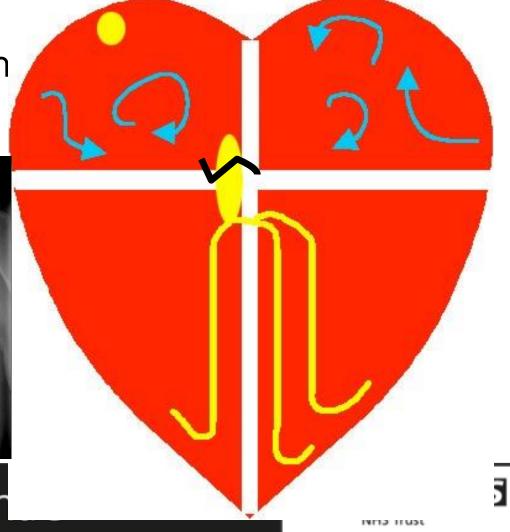


Rate control in hospital

AV node ablation







Rhythm control

- stopping AF
 - more dangerous than stroke or rate control
 - no quality evidence of risk reduction
 - evidence for ablation in progress

Rhythm control

Why have it?

Rhythm control - drug therapy

- When should patients be referred:
 - If primary care not happy to initiate drugs
 - Other heart disease
 - Heart failure



Common clinical scenarios

tell me yours

General principles

- Avoid A+E if possible it is rare for the hospital to do anything that you can't do at home
- Push to have decisions made early but not urgently re rate and rhythm control
- Ensure you make you decision based on information not fear