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GENERAL PRACTICE SUPERVISION AUSTRALIA

Atrial Fibrilation

Atrial fibrillation (AF) is the most common recurrent arrhythmia in adults, occurring at a rate of 2-4% of the population. It is managed by GPs at a rate of 1.3 per 100 encounters. AF is independently associated with stroke, heart failure and all-cause death. As our population ages, AF is becoming more common with increasing morbidity and mortality. The management of AF has changed over the last few years with the introduction of NOACs and updated decision support rules and guidelines.

TEACHING AND LEARNING AREAS		• Clinical features and underlying causes of AF • How to perform an ECG • Screening and diagnostic work up for AF • Risk stratification for stroke using decision support tools - CHA_2DS_2-VA score • Assessment of bleeding risk using the ORBIT score • Approach to rate and rhythm control • Shared decision-making regarding anticoagulation • Risks and benefits of NOACs compared to warfarin • Emergency management of acute AF with decompensation
PRE- SESSION ACTIVITIES		• 2019 AJGP article Atrial fibrillation
TEACHING TIPS AND TRAPS		• AF is commonly asymptomatic, with 10% of all ischaemic strokes associated with previously unknown AF • Screen patients over 65 by pulse palpation, with 12 lead ECG to confirm • All types of AF (paroxysmal, persistent and permanent) carry the same risk of thromboembolism • It is essential to assess and manage intercurrent CV risk factors and comorbidities, including screening for OSA • Treating blood pressure to target will reduce bleeding risk • Individualise management using shared-decision making when considering life-long anticoagulant therapy • Antiplatelet therapy is not routinely recommended for stroke prevention • Regularly check adherence to anticoagulants as discontinuation of therapy is common
RESOURCES	**Read**	• 2019 Aust Prescriber. Atrial fibrillation: an update on management • Life in the Fast Lane web page on Atrial Fibrillation • The new NHF AF Guidelines – long but comprehensive (or just review the summary)
	Listen	• 2018 MJA podcast. Atrial fibrillation
	Watch	• Heart Foundation Webcast – Improving diagnosis and care for AF patients
FOLLOW UP/ EXTENSION ACTIVITIES		• Ask the registrar to undertake the Clinical Reasoning Challenge

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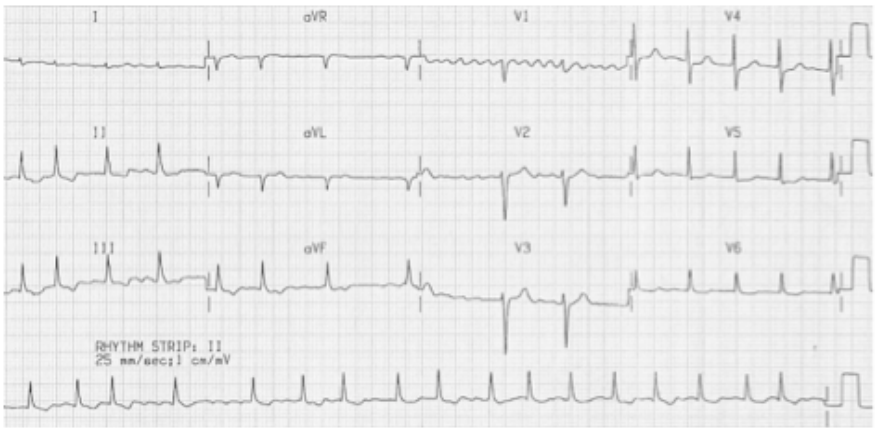
Clinical Reasoning Challenge

Barry is a 76-year-old farmer who presents for his regular prescription for pantoprazole. You notice that his pulse is irregular and fast. You perform an ECG.



QUESTION 1. What are the key features visible on the ECG? List as many features as seen.

QUESTION 2. You diagnose AF. In considering risk of thromboembolism, what are the most important aspects of history or examination to be taken into account when assessing Barry. List SIX factors.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

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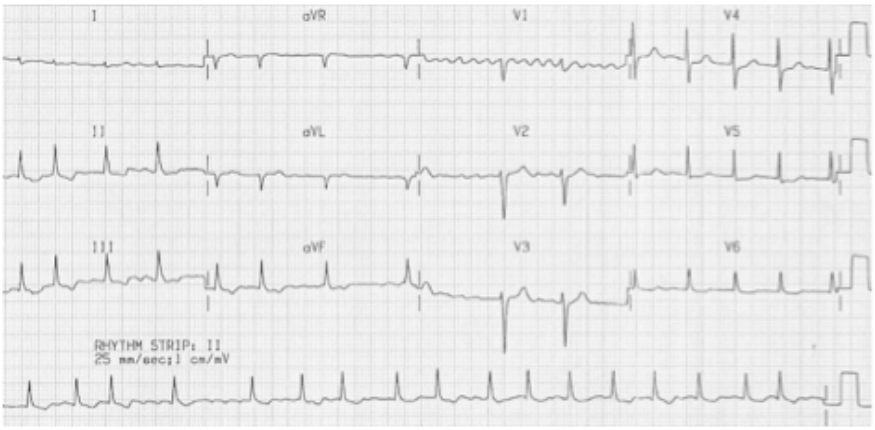
ANSWERS



QUESTION 1

What are the key features visible on the ECG? List as many features as seen.

- Tachycardia
- Irregularly irregular rhythm
- No P waves
- Absence of an isoelectric baseline

QUESTION 2

You diagnose AF. In considering risk of thromboembolism, what are the most important aspects of history or examination to be taken into account when assessing Barry. List SIX factors.

- CCF
- Hypertension
- Age
- Diabetes
- History of stroke/TIA
- History of other vascular disease
- These form the elements of the CHA_2DS_2-VA score.

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