

Dear

“We the under-signed, support the AF Association, Arrhythmia Alliance and the All Party Parliamentary Group on Atrial Fibrillation and ask that the National Screening Committee reconsider its previous recommendation of opportunistic screening for potential AF patients, and when it completes its review in 2017 will recommend a commissioned NATIONAL SCREENING PROGRAMME FOR PEOPLE OVER 65 YEARS OF AGE AT RISK OF AF.”

Even with the overwhelming high quality evidence, guidance, management and treatment in place for people with AF, we still have an unacceptable number of people suffering the debilitating and life-threatening event of an AF-related stroke. Many of these individuals are only diagnosed AFTER an AF-related stroke.

AF-related strokes are known to be far more disabling and life-threatening than many other types of stroke – this cannot be allowed to continue when AF is so easy to identify through a simple pulse check.

Clinical evidence has identified a diagnosis gap of 33%

- which means that 1 in 3 of all people with AF in England go undiagnosed
- which equates to 2,500 people for each of the 211 CCGs in England
- which means that over half a million people in England do not know that they have AF and have a 5% annual risk of having an AF-related stroke
- AF increases the risk of an AF-related stroke by 500%
- 2,500 people each year have an AF-related stroke that could, and should, be avoided.

People are not numbers – Glyn Davies, MP, Vice-chair of APPG AF, didn't know he had AF until he came to an AF Association Know Your Pulse event in Westminster, where his AF was identified, and following referral to his GP is now successfully managed. He is one of the lucky ones, this year 2,500 people and their loved ones will not be so lucky. An AF-related stroke destroys lives, not just for the person with AF but also for their loved-ones and carers.

Please join us by signing up to our call to action and writing personally to your local Clinical Commissioning Group, Public Health Director and the National Screening Committee to ask for a National Screening Programme be set up for people over 65 years of age at risk of AF.

Yours sincerely

## **THE FACTS ON AF**

AF, an irregular and often rapid heart rhythm, is the most common sustained heart rhythm disorder (arrhythmia). Changes in the atrium caused by this irregular rhythm can cause local clot formation which has the potential to enter the cerebral circulation, leading to a five-fold increase in the risk of stroke. It is estimated that one in five strokes are directly attributable to AF.

AF-related strokes have a much worse outcome, with significantly higher mortality rates and greater long-term disability. However, when we identify people with AF we do have very effective preventive therapies, with anticoagulants reducing the risk of ischaemic stroke by around 70%.

### **The diagnosis gap**

The prevalence of diagnosed AF in England is 1.6%. Modelled estimates suggest that the real prevalence is much higher at 2.4%, indicating that a third of individuals with AF, around half a million people in England or 2,500 in the average CCG, are undiagnosed and therefore not receiving appropriate therapy (anticoagulation) to reduce their risk of an AF-related stroke or access to treatment to manage the irregular heart rhythm (arrhythmia).

AF prevalence increases sharply with age, with 80% of cases occurring in people >65 years. AF sometimes causes symptoms that lead individuals to seek medical attention, but often it is asymptomatic and will only be detected if the pulse is examined and an irregular heart rhythm discovered.

There is tremendous variation in the rates of AF detection between CCGs (range 1.0 to 3.8%) and between GP/Primary Care practices (range 0.1 to 16.7%). This shows that, even allowing for demographic differences, some GP practices and CCGs are far less effective than others at case finding – which challenges the National Screening Committee’s previous recommendation of opportunistic case-finding as the primary means for identifying people with AF.

AF can be detected by a simple pulse check, which is already included in the NHS Health Check programme, and there are many opportunities for GPs to undertake this simple check when seeing a patient over-65. Building this into a structured commissioned screening service – linked to comorbid conditions such as diabetes, heart failure, high blood pressure and high cholesterol makes this a cost-effective resource and time-efficient screening that will save lives and dramatically reduce the number of AF-related strokes.