

## NICE puts patients at the heart of decision-making and choice

**In June 2014, NICE updated their 2006 recommendations for the treatment and management of AF. To reinforce their new guideline, they have placed the patient at the forefront of treatment provision, reinforced by resources for patients and clinicians.**

One of NICE's support resources is available in the form of a Patient Decision Aid (PDA) about anticoagulant treatments. Not all anticoagulant options for AF may be suitable or possible for everyone, depending on your particular health conditions and lifestyle circumstances, and each option also has advantages and disadvantages people feel differently about. The PDA provides balanced information about these for you to mull over before deciding on whether to take an anticoagulant, and which one you want to use. It is designed for you to work through with the healthcare professional who is helping you make this decision.

As well as the PDA, NICE and a group of other health care organisations and patient group representatives have published a Consensus Statement on non-vitamin K antagonist oral anticoagulants (also known as novel anticoagulants or NOACs). It describes some of the barriers to the use of NOACs for reducing AF-related stroke risk, and how these barriers might be overcome locally to facilitate their appropriate use.

The actual clinical guideline (NICE CG180), and the abovementioned resources, are available to view on our website.

*"I hope that tools such as the AF Association Care AF package and NICE Patient Decision Aid will support others in seeking treatments to help them early on in their care journey, not when it is too late."*

Eileen Porter, patient representative

## Working with your clinician

Your first consultation with a cardiologist or electrophysiologist is key to your way forward. The specialist will be able to refer to data gathered from tests and this will inform their way forward. Hard data from diagnostic tests are, however, only half the story and you will need to fill in the gaps and be prepared with questions for your specialist about treatment options for your AF. The condition is very complex and patient-specific, and as well as this, lifestyles vary between individuals, and it is vital that decisions about management of your AF fit in with each other. Questions you may want to ask can be found on page ten of NICE's Consensus report.

*"These new guidelines have been long in the planning stage and we are now fully committed to making sure they are disseminated and followed, in an effort to save as many lives as possible from preventable AF-related strokes."*

*"Thanks to tools released by AF Association, [patients] will know how and where to call on support from those working in the field of heart rhythm care."*

Professor Richard Schilling, Consultant Cardiologist & EP

If you have been diagnosed with AF and are seeking more information to prepare you for your AF treatment journey, do visit the 'Care AF' website [www.careaf.org](http://www.careaf.org) for advice on risk of AF-related stroke, healthy living, patient stories, and more.

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# NICE Clinical Guideline on AF

In June 2014, NICE published Clinical Guideline 180 (CG180) which updates and replaces the June 2006 NICE CG36 with new recommendations on the management of AF.

Clinical guidelines are recommendations on the appropriate treatment and care of people with specific diseases and conditions within the NHS in England and Wales. They are based on the best available evidence and are designed to help health professionals deliver optimum standards of care.

**What are the major changes within the guideline, and what does this mean for AF patients in terms of diagnosis, treatment and management of the condition?**

Aspirin monotherapy should no longer be offered for stroke prevention to people with atrial fibrillation.

This constitutes a major change, as the previous guideline recommended the use of aspirin for patients in moderate risk patients.

AF Association welcomes this news as there is overwhelming evidence that aspirin is far less effective than anticoagulants such as NOACs and vitamin K antagonists. Research has shown that aspirin reduces stroke by less than 20 per cent, whereas anticoagulation is effective in 62+% cases, with NOACs even more effective with regards to AF-stroke prevention.

Patients with atrial fibrillation should be offered a personalised package of care and information. The package should cover the following areas:

- AF-stroke awareness and measures to prevent AF-related stroke
- Rate control
- Assessment of symptoms for rhythm control
- Who to contact for advice if needed
- Psychological support if needed

- Up-to-date and comprehensive education and information on:
  - Cause, effects and possible complications of atrial fibrillation
  - Management of rate and rhythm control
  - Anticoagulation
  - Practical advice on anticoagulation

AF Association has worked in collaboration with a team of stakeholders to develop the Care AF personalised package of care booklets. Details are available on our website ([www.afa.org.uk](http://www.afa.org.uk)) or you can email [info@afa.org.uk](mailto:info@afa.org.uk) for details, or order your pack directly from the 'Care AF' website [www.careaf.org](http://www.careaf.org)

Adoption of scoring system to assess patients for their personal risk of AF-related stroke.

The CHA<sub>2</sub>DS<sub>2</sub>-VASc stroke risk calculator should be used to assess AF-stroke risk in patients with:

- Symptomatic or asymptomatic paroxysmal, persistent or permanent atrial fibrillation
- Atrial flutter

The HAS-BLED score should be used to assess the risk of bleeding in people who are starting or have started anticoagulation.

Anticoagulation should be considered for men with a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 1 and for females with a score of 2 or above, taking medical history and bleeding risk into account.

## Anticoagulation

Clinicians are advised to communicate that in the majority of cases, the benefit of anticoagulation outweighs the bleeding risk. However, in complex cases where there is a risk or history of bleeds, further consideration is needed and you should seek a review from a specialised clinician such as a haematologist.

Anticoagulation should not be withheld solely because the person is at risk of having a fall.

The guideline recommends that patients are referred promptly at any stage if treatment fails to control the symptoms of AF and more specialised management is needed.

## When should AF-stroke prevention therapy not be offered?

AF-stroke prevention therapy should not be offered to people under 65 years with AF and no risk factors other than their gender – a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 0 for men or 1 for women.

### Review

People on an anticoagulant should be reviewed at least annually to assess their need for an anticoagulant. More frequent reviews are recommended if clinically relevant events occur such as the presence of a bleeding risk.

If a patient is not receiving anticoagulation, AF-stroke risk will need to be reviewed when the person reaches 65 or if they develop any of the following risk factors:

- Diabetes
- Heart failure
- Peripheral arterial disease
- Coronary heart disease
- Stroke, transient ischaemic attack (TIA) or systemic thromboembolism

If bleeding risk or other factors prevent people from taking an anticoagulant, stroke or bleeding risk should be reviewed annually and decisions documented.

Age restrictions should be lifted on certain procedures to restore quality of life.

## Left Atrial Appendage Occlusion (LAAO)

LAAO should be considered if anticoagulation is contraindicated or not tolerated. The benefits and risks of LAAO should be discussed with the patient. However, LAAO should not be considered as an alternative to anticoagulation in other cases.

## When to offer rate or rhythm control

The guideline identifies that rate control should be offered as the first-line strategy to people with AF, except in the following cases:

- The patient's AF has a reversible cause.
- Heart failure is thought to be primarily caused by AF.
- New onset AF.
- With atrial flutter where the condition is considered suitable for an ablation strategy to restore sinus rhythm.
- A rhythm control strategy would be more suitable based on clinical judgement.

The full guideline can be viewed on the NICE Website: <http://www.nice.org.uk/guidance/CG180>

*"This updated draft guideline reflects important new evidence about the best ways to treat the condition, including the use of the new generation of oral anticoagulants and ablation strategies, as well as the use of risk calculators to guide treatment decisions."*

Professor Mark Baker  
Director of the Centre for Clinical Practice, NICE

In 2015, AF Association will be launching an ambitious 'ambassador programme' to develop a network of skilled volunteers to help carry out AF Association supported work in their local area. An important part of this work will be to make members aware of opportunities to work with their local NHS and research teams. Further details will be shared next year.

# Patient support



Care AF is a patient support programme made available to ensure you are informed about your AF, its treatment, and the management options open to you. It was developed following this year's update of the NICE guidelines for AF, which recommend that patients have a 'personalised package of care' as a key priority.

AF Association has collaborated with a multidisciplinary team of clinicians and patients to produce AF patient information packs. From this month, these are available to order by filling in an online form. Packs include information about AF with different sections covering everything from medication to healthy lifestyle advice.

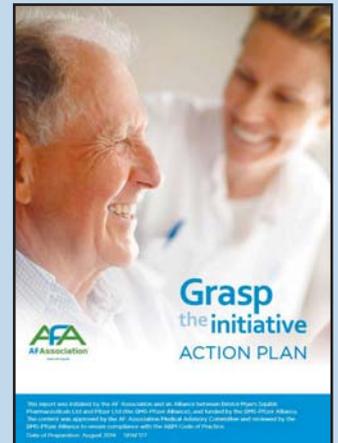
Also available are patient diaries designed to help you to keep a record of your medication, how you are feeling (improvements or changes to your symptoms, side effects of your medication) and critical questions to help you plan for follow-up appointments with your healthcare professionals.



The Care AF programme is set out at [www.careaf.org](http://www.careaf.org) where you will find information on management of AF which is clear and easy to use.

## GRASP the initiative Action Plan

The GRASP-AF tool was designed in 2012 to support GPs in managing their AF patients and help identify patients who might have the condition. The number of GP practices using this tool has now reached more than 2,600.



A newly launched Action Plan builds on the original 'GRASP the Initiative report', and identifies some of the steps that professionals working in primary care can in conjunction with the GRASP-AF tool in order to optimise the treatment of people with AF registered in their practice. This offers support on reviewing and appropriately managing all those diagnosed with AF and on their practice register. Copies are available to share with your local GP surgery. Please visit [www.afa.org.uk](http://www.afa.org.uk) for further details.

## Self-monitoring – spread the word

Self-monitoring means that people on warfarin can check their own blood levels (INR) at a time and place convenient to them, rather than going for regular clinic or hospital appointments. If you already self-monitor you'll know the dramatic difference that this can make to your life, giving you more freedom and flexibility.

A new campaign has been launched to spread the word about self-monitoring and to let the UK's nearly 1 million warfarin users know how easy it is to self-monitor and enjoy the benefits this brings to your lifestyle.

The campaign asks people who self-monitor to encourage others to do so too by sharing their selfie photos on the Facebook page: [www.facebook.com/selfiecheck](http://www.facebook.com/selfiecheck). Why not share some of the things you have more time for now that you self-monitor and don't have to visit the hospital or clinic as often?

If you're on warfarin or already self-monitoring, visit the Facebook page today for more information on the campaign and 'like' the page for regular news and updates.

# Letter from Glyn Davies MP



Glyn in Parliament earlier this year

Dear AF Association member

In March I had the opportunity to take part in the parliamentary debate on anticoagulation. The issue became hugely important to me on a personal level when I was diagnosed with AF after being rushed to hospital with a suspected heart attack. I had never heard of the condition, let alone the treatment options.

On recovery, I began to learn about the condition and I realised the sheer lack of awareness that there is of it. The issue facing us is not so much the atrial fibrillation itself, because it does not necessarily impact on quality of life when treated properly, although it can be quite difficult for many people. No, the issue is what it causes: Having AF multiplies the chance of a stroke by about five times. AF-related stroke is a massive cost to the NHS, but it also completely destroys people's lives.

NICE's recommendations have placed the patient centre stage regarding choice of anticoagulation. Warfarin was my treatment and it was fine; it worked very well. However, I have to visit a hospital fairly often to have my INR levels checked. It was once or twice a week in the early stages. That was very difficult. In London, I happen to live near St Thomas's and I could pop in as I was going to work in the morning, so it worked out quite well.

Warfarin has had a bad press; I remember seeing a headline in a national newspaper with a huge headline: "Rat poison—warfarin". Nothing could be

more damaging to the health of the nation than that campaign at a time when it was the main way of dealing with risk of stroke. I thought it was a disgrace.

*"There definitely needs to be more education and awareness of AF because for many people, the first time they know they have it is when they are at A&E".*

Eileen Porter, AF-sufferer

Warfarin is tried and tested and has prevented thousands of AF-related strokes for decades. It works and it is cost-effective. However, new effective alternatives have come on stream (dabigatran, rivaroxaban and apixaban, known as novel anticoagulants or NOACs) over the past three years and they are all approved by NICE for AF stroke-risk prevention. There is an extra cost associated with the new products. However, the lack of understanding and knowledge of the new products in the medical fraternity - the lack of awareness - is what we really have to challenge.

Anticoagulants carry a small risk of an internal bleed, but not using them carries a very serious risk of a debilitating AF stroke. The balance of risk is just not clearly understood.

I welcome the NICE recommendation that the monotherapy aspirin is not a viable alternative to anticoagulants as a stroke prevention measure in standard cases and that it should be discontinued. We must ensure that this message gets through to GPs. It is a bit of a disgrace that aspirin is still being recommended.

I will continue to campaign on behalf of AF-sufferers at the highest levels and I am committed to do whatever I can to bring down the unacceptably high incidence of AF-stroke in the UK.

The Rt. Hon. Glyn Davies MP

Glyn Davies is a member of APGAF (The All-Party Parliamentary Group on AF). Places are limited, but if you would like to register your interest in attending one of their meetings, please email [info@afa.org.uk](mailto:info@afa.org.uk).

# The NHS restructure

The NHS has undergone a major restructure since April 2013. The changes affect who makes decisions about NHS services, how these services are commissioned, and the way money is spent.

## What does this mean in practice and why are they asking for patient and lay person representation on research and commissioning boards?

**Local authorities** have taken on a bigger role, assuming responsibility for budgets for public health. Health and wellbeing boards now have duties to encourage integrated working between commissioners of services across health, social care, public health and children's services and must involve democratically elected representatives of local people.

Local authorities are expected to work more closely with other health and care providers, community groups and agencies, using their knowledge of local communities to tackle health issues and challenges.

None of the changes should affect how you as an individual access NHS services in England, the way you book a GP appointment, or are referred to a specialist.

## Clinical Commissioning Groups (CCGs)

PCTs used to commission most NHS services and controlled 80% of its budget. On April 1 2013, they were replaced with CCGs which have taken on many of their functions and also some functions previously undertaken by the Department of Health.

All GP practices now belong to a CCG and the groups also include other healthcare professionals, such as nurses. CCGs commission the following services:

- planned hospital care
- rehabilitative care
- urgent, emergency and out-of-hours care
- most community health services
- mental health and learning disability services

CCGs can commission any service provider that

meets NHS standards and costs. These can be NHS hospitals, social enterprises, charities, or private sector providers.

CCGs must be assured of the quality of services they commission and take account of NICE guidelines as well as the Care Quality Commission's (CQC) data about service providers.

NHS England and CCGs have a duty to involve their patients, carers and the public in decisions about the services they commission.

Academic Health Science Networks (AHSNs) work to align education, clinical research, innovation, training and education and healthcare delivery. Their goal is to improve patient and population health outcomes by translating research into practice, and developing and implementing integrated health care services. They actively share best practice, and provide for rapid evaluation and early adoption of new innovations.

AHSNs are autonomous organisations, small to medium enterprise in nature, with a five year license commitment from NHS England. Their agenda is to drive adoption and spread of innovation across all areas of healthcare provision. Each AHSN also has the remit to bring together local resources and create a working relationship between researchers in universities, industry, business, and the local NHS to identify and maximise innovations that will have national and international significance.

## Core objectives for AHSNs:

1. **Focus on the needs of patients and local populations:** support and work in partnership with commissioners and public health bodies to identify and address unmet medical needs, whilst promoting health equality and best practice.
2. **Build a culture of partnership and collaboration:** promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.

3. **Encourage innovation to improve clinical outcomes and patient experience:** support the identification and spread of research and innovation to improve patient care and local population health.
4. **Create wealth** through co-development, testing, evaluation and early adoption, and spread of new products and services

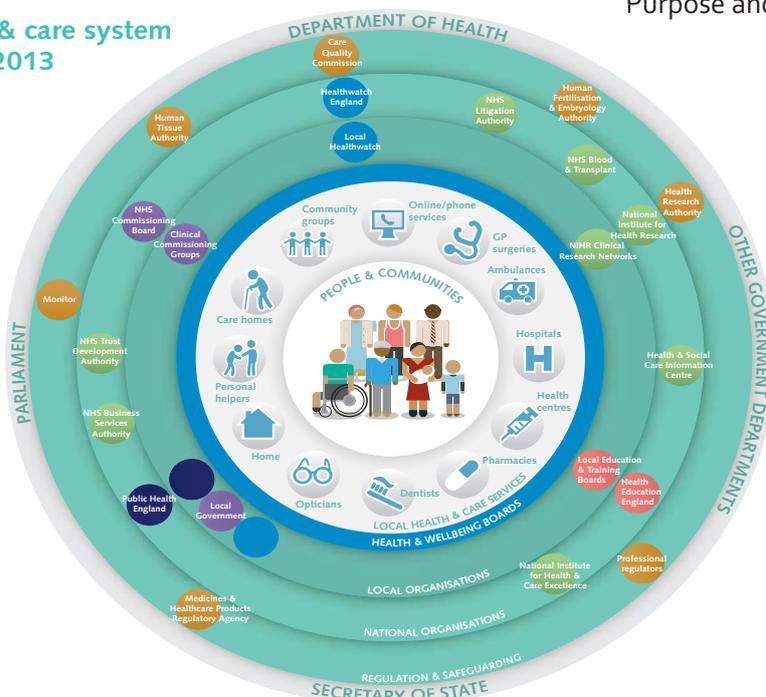
AHSNs seek local patient involvement on a voluntary basis in many areas of their work – from one-off interviews to long-term members of work committees.

## Wales

NHS Wales is the National Health Service of Wales providing healthcare to some three million people. The key NHS principle is that good healthcare should be available to all, regardless of wealth. Setting health policy for the NHS in Wales and the funding for health services is the responsibility of the Welsh Government.

In Wales, cardiac disease is the largest cause of death amongst the population. Figures published in 2008

## The health & care system from April 2013



If you are interested in learning more about the opportunities available in your area, contact details can be found here:

- NICE:** <http://www.nhs.uk/nhsengland/thenhs/healthregulators/pages/nice.aspx>  
**CQC:** <http://www.nhs.uk/NHSEngland/thenhs/healthregulators/Pages/carequalitycommission.aspx>  
**Finding your local CCG:** <http://www.nhs.uk/Service-Search/Clinical-Commissioning-Group/LocationSearch/1>  
**Longer Lives website:** <http://longerlives.phe.org.uk/>  
**AHSN contact details:** <http://www.england.nhs.uk/ourwork/part-rel/ahsn/ashn-contact/>  
**NHS Scotland:** <http://www.show.scot.nhs.uk/>  
**NHS Wales:** <http://www.wales.nhs.uk/healthtopics/conditions/cardiacdisease>

showed that out of 32,000 deaths in Wales, almost 11,000 were due to cardiac disease.

The Welsh Government's 'Together for health – a heart disease delivery plan' sets out a vision for the population of Wales and what this means for NHS cardiac disease services. The draft consultation document for 2016 'Together for health – a cardiac delivery plan' for the NHS and its partners is currently under consultation and comments are welcomed from service users as well as clinicians and NHS managers.

## Scotland

NHS Scotland currently employs around 140,000 staff who work across 14 regional NHS Boards, seven Special NHS Boards and one public health body. NHS Boards are accountable to Scottish Ministers. Regional NHS Boards are responsible for the protection and the improvement of health and for the delivery of frontline healthcare services. Special NHS Boards support the regional Boards by providing a range of important specialist and national services. NHS Boards work closely with partners in other parts of the public sector to fulfil the Scottish Government's Purpose and National Outcomes.

# Frequently asked questions



## As a partner of someone recently diagnosed with AF, is there anything I could do to help or try to avoid?

Reading up on AF familiarises you and your partner with AF and will foster solidarity. It will reassure you both that AF can be successfully managed and a full and active life is possible. Make time to talk with a well-informed doctor about the 'risks' that AF brings and what options can reduce this. It is also important that symptoms are recognised and managed, so encourage your partner to keep a diary to record episodes of AF, and if they are aware of any symptoms. This can help highlight triggers for AF. Share the diary with your doctor so that appropriate therapy or a referral to an EP can be arranged.

Support your partner in making healthy lifestyle choices by, for instance, encouraging them to keep well hydrated and reconsidering their drive for intense physical activity if this is a trigger. Worry, lack of sleep and stress can be factors, so make sure your partner has some relaxation and rest alongside doing things you both enjoy, to promote a balanced lifestyle.

## My partner seems to have lost all interest in a sexual relationship. Is this usual and can drugs such as viagra be safe to consider?

There is no reason why a full and loving relationship cannot continue after a diagnosis of AF if both partners want this. Don't forget that moderate physical exertion is good for the heart. Anxiety can affect everyone and in men can cause erectile dysfunction. Making sure the AF is well managed can relieve this, and a drug such as viagra may be considered. Don't hesitate to talk your worries and also drug therapies through with your doctor, in case of any interaction with other prescribed medications.

## How will anticoagulants affect my diet?

You should be able to enjoy a balanced and healthy diet taking any approved anticoagulant whether it is warfarin (a vitamin-K antagonist) or apixaban, dabigatran and rivaroxaban (non-vitamin-K antagonists). Warfarin can interact with many foods and medications, and too varied a diet can cause 'peaks and troughs' in your INR readings. Therefore, if you are taking warfarin you need to plan your diet to include and balance all of the foods you enjoy and which are healthy for you. The non-vitamin K antagonists work in a different way so there are not the same concerns about diet, and there are fewer drug interactions too.

## Should I consider getting a monitor for my AF?

Nowadays you can buy very easy-to-use pulse and/or blood pressure monitors. All have advantages and can be helpful, and your doctor will be able to advise whether you should get one. There are some things to consider: Blood pressure monitors may not always provide accurate readings when your heart is in AF, so readings may appear to be inaccurate. NICE has issued guidance on blood pressure monitors which can also detect AF. Remember, though, that everyone's blood pressure fluctuates during the day and monitoring it many times each day can lead to raising anxiety levels unnecessarily.

This autumn, NICE will add to its existing guidance on a small number of home INR testing monitors. If you are well established on warfarin and your anticoagulant clinician is confident that home testing would benefit you, GPs can prescribe testing kits, although you will need to purchase your monitor. Some people prefer to attend an anticoagulation clinic, but if you find attending them difficult, are a frequent traveller, or you feel confident that you would be able to use these and interpret the results, home monitors offer accurate readings, reassurance and peace of mind.

There are more and more apps, phone devices and monitors which will monitor the pulse and record a simple ECG. This can be extremely helpful if AF is suspected but proving difficult to detect, or if you want to share a simple ECG of episodes you are experiencing away from a surgery. An AF Association factsheet on popular monitoring devices is due out soon.

# Inspiration and support



## On the road to recovery

Claire is a nurse and researcher in her forties. Although the last few years had been stressful and challenging, she felt that she was very healthy and capable; just in need of a few good nights' sleep. Here is her story.

Last October, while decorating at home, I suddenly felt very unwell. The room started spinning violently; I felt unsteady and sick, and rapidly developed a one-sided headache. I tried to get relief by lying down on the floor and closing my eyes. I called my husband and reluctantly allowed him to call an ambulance.

An ECG showed I was in AF, but I'd had no obvious symptoms of this before. After treatment at hospital, my AF resolved and I slowly began to feel a bit better albeit with a headache, a lot of unsteadiness and

feeling very sleepy. Before going home, I had a head CT scan 'just as a precaution'. My consultant seemed as surprised as I was to discover that I'd had a stroke. Two serious diagnoses within a few hours!

Over the following days I developed further symptoms and was sent to a specialist unit at the John Radcliffe Hospital in Oxford. Things fortunately settled down and I was sent home after a week.

### *"I have a new perspective on life"*

I have been extremely lucky. I have symptoms but they do not debilitate me. I am back at work, I look the same, speak the same and can do all the things I used to, if sometimes a bit more slowly. My fantastic husband is so supportive, often to the detriment of himself. My family, friends, colleagues, neighbours and healthcare staff are caring and encouraging.

I'm now on anticoagulants, anti-hypertensives and statins, so hopefully any more episodes of AF will be better controlled, whether I am aware of them or not.

I no longer rush around like I used to for physical but also psychological reasons. I have a new perspective on life and I love to enjoy a walk, a meal with my husband, a chat to a niece or spend time with friends. Although life still throws curved balls, I am more cautious and gentle on myself. Getting the work-life balance right and visiting the places I want to go to in the UK is more important than seeing the world.

In the meantime, I'm looking forward to getting better and enjoying my life in peaceful leafy Warwickshire.

Dr Claire Balmer

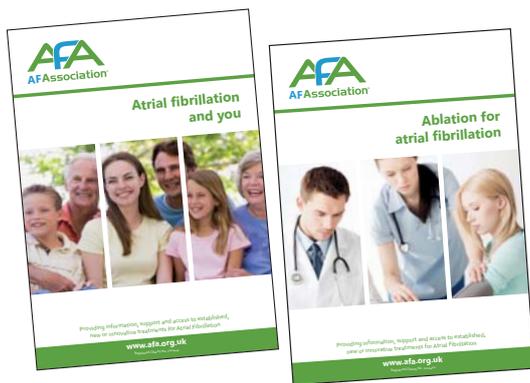
## Local patient support groups: Is there one near you?

A local arrhythmia support group can provide an invaluable service to people diagnosed with arrhythmias and those close to them. Groups present a forum ideal for patients, their carers, friends and families to share information (through literature and word of mouth), provide an emotional support network, share common experiences and learn more about their condition.



To find your nearest patient support group, or for information on how to start up your own, please visit [www.hearhythmcharity.org.uk](http://www.hearhythmcharity.org.uk) or contact Daisy Harris on 01789 867528 or email [daisy@hearhythmalliance.org](mailto:daisy@hearhythmalliance.org)  
**Join your local group today!**

# New publications



AF Association provides cutting edge resources for people with AF. All of our resources are written by cardiac clinicians and arrhythmia specialists at the forefront of AF healthcare provision.

Our booklets and information factsheets are reviewed regularly and updated to reflect current trends in treatments and new guidance like that provided by organisations such as NICE.

Clinicians often may not always have as much time as they would like to talk with you, and AF Association resources are used by healthcare professionals to complement the advice they give to patients.

All of our publications are available online and can be viewed, downloaded and printed from our website [www.afa.org.uk](http://www.afa.org.uk). Many are also available in print form.

## AF and You

This booklet has been developed for people who have just been diagnosed with AF, and who may be reeling from their diagnosis and trying to come to terms with the bewildering range of treatment options and medications used to treat the condition. The booklet also serves as a support for carers, and to help them understand what the sufferer may be going through.

This lifestyle resource covers topics such as psychological coping mechanisms, maintaining a healthy diet, implications for intimate relationships, driving advice, travel tips, sensible exercising and where to find support.

## Cardioversion factsheet

This patient information resource explains the different kinds of cardioversion procedures available: medical, electrical and internal. It explains which patients the various techniques may be appropriate for, as well as what to expect before, during and after each procedure.

## Atrial fibrillation and heart failure

Heart failure simply means that the heart is not pumping as much blood around the body as it should be. Whilst the condition is not immediately life threatening, it can make you feel tired and unwell, and is serious if ignored.

Sometimes there is a link between heart failure and AF, and it can make AF symptoms more apparent. This online information factsheet explains that AF in combination with heart failure doesn't necessarily spell out doom and gloom, and there are treatment options available.

## Ablation for atrial fibrillation

Having an ablation can liberate an AF sufferer from the effects of AF which can be debilitating. It can also mean that medication can be reduced or even eliminated, restoring quality of life to normal levels. This new booklet explains the various types of ablation procedure available and compares the different techniques with each other. Together with what a patient can expect before, during and after the procedure, it discusses success rates and briefly covers risks associated with ablation.

Following the NICE AF Guidelines update in June 2014, all AF Association publications have been reviewed and updated.

Following an update in NICE guidelines on INR self-monitoring, an updated information sheet will be available shortly.

AF Association is a charity, and a small donation to help cover production and postage costs of resources is always welcomed. AF Association publications are covered by copyright. All rights reserved.

## Inspiring feats by AF Association fundraising champions

Whether you choose to run, cycle or fly for AF Association, taking part in a challenge event in the UK or abroad is a fun and exciting way to raise much needed funds for us. There's a perfect challenge event for everyone, from a skydive, marathon or cycle ride to a hike, swim or triathlon. Call us today or see the 'Challenge events' page on our website for ideas.

### 80 mile trek

In March, 67 year old AF patient John Bradshaw embarked on a week-long Welsh 80 mile trek from Penarth to Laugharne, retracing the steps of the town's famous resident Thomas Skeel, Napoleonic prisoner-of-war, to raise funds for AF Association. John suffered an AF-related mini-stroke last October and has made a full recovery. While recuperating, he decided to take on the trek and put his efforts into raising funds to help other patients affected by AF.

### Giving up chocolate!

Mandi was diagnosed with AF when admitted to A&E with a fast heart rate. Despite a cardioversion, Mandi has slipped back into AF.



In July, Mandi decided to fundraise for us by giving up her favourite thing for six months. Mandi says "Not a single piece of chocolate, nothing containing it, not a cup of hot chocolate or anything even resembling chocolate will pass my lips."

### Half marathon

Northamptonshire father of two, Dan Parsons ran the gruelling Silverstone Half Marathon in March to raise funds for AF Association, completing the race in an hour and 40 minutes; a personal best!



### Valerie's act of kindness

Instead of receiving presents for her golden wedding anniversary, Orpington resident Valerie Hunt asked family and friends to make donations to AF Association – and their generosity raised well over £200! Acts of kindness like this help us to support those with AF through our helpline, resources and influential national campaigns and restore the quality of life of thousands. This sort of donation could be the solution for the eternal dilemma of what to give the person who has everything.

### Three easy fundraising ideas

1. **Party promotion** – invite friends and family to a harvest celebration. Bring food and drink made from home grown produce, with donations being made to the charity close to your heart.
2. **Crafts for care** - Whether your talent is jewellery making, painting or woodwork, you could put your very best homemade goods up for sale at a unique arts & crafts sale for AF Association.
3. **Swap to support** - Organise a swap shop, and invite your friends and their friends to bring unwanted clothes and/or books. For each swap donate £1 to AF Association.

### 2015 London to Brighton challenge

For the ultimate test of determination and stamina, there's still time to enrol for this 60 mile sponsored event. This has become one of the UK's greatest endurance fixtures. Participants can choose whether to walk, jog or run, and they can take part as an individual or as part of a team. Rest stops, meals and drinks are provided all along the route.

For further details, please call Stephanie on 01789 867522 or visit the AF Association website.

# Become an AF Association Friend

As a charity, AF Association relies upon donations, fundraising and grants to continue to support you. Become a friend for only £15.00 per year or £2.00 per month, and not only help us but also receive:

- Regular e-news and updates
- Opportunity to join local patient meetings
- Opportunity to attend the Charity's parliamentary events
- Printed copy of biannual newsletter
- Help in locating arrhythmia healthcare specialists
- Free patient booklets and factsheets, medically approved and Department of Health endorsed

**AF Association Patient Day** at HRC has proved so popular that we would like to explore whether we could offer regional meetings as well. If you are interested in attending a local meeting during 2015, please let us know.

I would be interested in attending a local meeting for people diagnosed with AF or helping someone diagnosed with AF (Y / N)

I would be interested in the following areas:

- |                         |                          |
|-------------------------|--------------------------|
| Edinburgh               | <input type="checkbox"/> |
| Glasgow                 | <input type="checkbox"/> |
| Aberdeen                | <input type="checkbox"/> |
| Belfast                 | <input type="checkbox"/> |
| Dublin                  | <input type="checkbox"/> |
| Manchester              | <input type="checkbox"/> |
| Liverpool               | <input type="checkbox"/> |
| York                    | <input type="checkbox"/> |
| Leeds                   | <input type="checkbox"/> |
| Cambridge               | <input type="checkbox"/> |
| London                  | <input type="checkbox"/> |
| Bournemouth/Southampton | <input type="checkbox"/> |
| Bristol                 | <input type="checkbox"/> |
| Exeter                  | <input type="checkbox"/> |
| Truro                   | <input type="checkbox"/> |
| Cardiff                 | <input type="checkbox"/> |
| Wrexham                 | <input type="checkbox"/> |

AF Association is a charity and receives no funding from the UK Lottery fund or from the Government. If you would like to donate, you can do so over the phone, by cheque, or by logging onto the Just Giving website.

Please make cheques payable to 'AF Association'. If you pay UK Income Tax or Capital Gains Tax, the Government will give us 25% on top of your donation at no cost to you, if you complete the Gift Aid declaration below.

*giftaid it*

Name of taxpayer

Address

Postcode

## Declaration

I would like AFA to treat all donations I make as Gift Aid donations from the date of this declaration until I notify you otherwise.

I currently pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax the AFA reclaims on my donations within the tax year.

Please note that full details of Gift Aid tax relief are available from your local tax office in leaflet IR65. If you pay tax at the higher rate, you can claim further tax relief in your Self-Assessment tax return.

Please notify AF Association if you wish to cancel this declaration, change your name or home address, or you no longer pay sufficient tax on your income and/or Capital Gains Tax.

Signature

Date