GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

Atrial Fibrillation

Atrial fibrillation (AF) accounts for just over 1.3 % of GP encounters according BEACH data and is a significant contributor to morbidity and mortality in Australia. It is a condition that is often missed. As our population ages AF is becoming more common and is the leading cause of strokes. The management of AF has changed over the last few years with the introduction of NOAC's and point of care warfarin testing.

TEACHING & LEARNING AREAS

1. Clinical features and underlying causes
2. Understand the prevalence of AF in the community and its affect on morbidity and mortality
3. Investigation of AF
4. Risk stratification for stroke using decision tools - e.g. $CHADS_2$
5. Use best practice as per Guidelines in management of AF
6. Risks and benefits of NOACs compared to warfarin

PRE- SESSION ACTIVITIES

- Review the $CHADS_2$ score
- Explaining AF to patients
- Read the following article on AF from the AAFP - Atrial Fibrillation: Diagnosis and Management
- Ask the registrar to reflect on a couple of patients that they have recently seen with AF, either chronic or a new diagnosis

WHAT TO TEACH

- Review history taking and examination of a patient with palpitations
- How to individualise management for AF re anticoagualtion, defibrillation, age, co-morbidities
- How and when to perform an ECG
- Appropriate investigations - & Decision Support Tools available

TEACHING TIPS AND TRAPS

- AF is commonly missed, so routinely feel your elderly patient's pulses or listen to their heart
- All types of AF (paroxysmal, persistent and permanent) all carry the same risk of thromboembolism
- Individualise management using shared-decision making when considering life-long anticoagulant therapy
- Ask your registrar to demonstrate how to perform an ECG - many registrars no longer do this as it is usually done by the practice nurse.
- How does your registrar explain AF to a patient?

RESOURCES

Read	• Anti Coagulant Safety Check List - NPS MedicineWise • Good Anti Coagulant Practice - NPS MedicineWise • Medicines and treatments for atrial fibrillation – NPS MedicineWise • Anticoagulation – a GP primer on the new oral anticoagulants – AFP article • Update on the management of atrial fibrillation - MJA
Listen	Atrial Fibrillation in Australia Podcast ABC Radio National. This is a brief but excellent overview of the impact of AF on the Australian population.

FOLLOW UP/ EXTENSION ACTIVITIES

- Suggest that the registrar undertake an audit of 5-10 AF patients
- Ask the registrar to undertake the Clinical Reasoning Challenge under exam conditions
- Get your registrar to teach AF to - staff update, fellow registrars or medical students
- Use Random Case Analysis to review management of AF - ie decisions around anticoagulating a 90 yo patient with dementia or high falls risk. How would your management change?

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Clinical Reasoning Challenge

Jack is 72 years of age. He has had several episodes of dizziness in the past month. The episodes come on suddenly and are associated with a hot sensation and diaphoresis. They occur during activity and at rest and tend to last around 15–30 seconds.

On two occasions the dizzy spells preceded a loss of consciousness lasting 1–2 minutes (with no head strike), followed by complete recovery.

Question 1

The hot sensation and diaphoresis Jack experiences during these episodes most probably indicate:

A. Vestibular Dysfunction
B. Activation of the sympathetic nervous system
C. Thermo regulation
D. Vagal Nerve stimulation
E. Anxiety

Q1 Answer: B

Activation of the sympathetic nervous system results in diaphoresis. Anxiety and vestibular failure may lead to activation of the sympathetic nervous system but they are not the direct cause. Similarly, vagal stimulation may lead to a compensatory activation of the sympathetic nervous system. Thermoregulatory dysfunction is unlikely in this clinical scenario.

After further history taking and examination, you suspect Jack may be experiencing cardiac syncope. Which of the following is TRUE regarding cardiac syncope?

Question 2

A. It is triggered by coughing
B. It is associated with Lewy Bodies
C. It is commonly associated with anti-hypertensive medications
D. It may be associated with pericardial disease
E. all of the above

Q2 Answer: D

Syncope provoked by coughing is likely to be neurally mediated. Lewy body disease and anti-hypertensives are associated with orthostatic hypotension.

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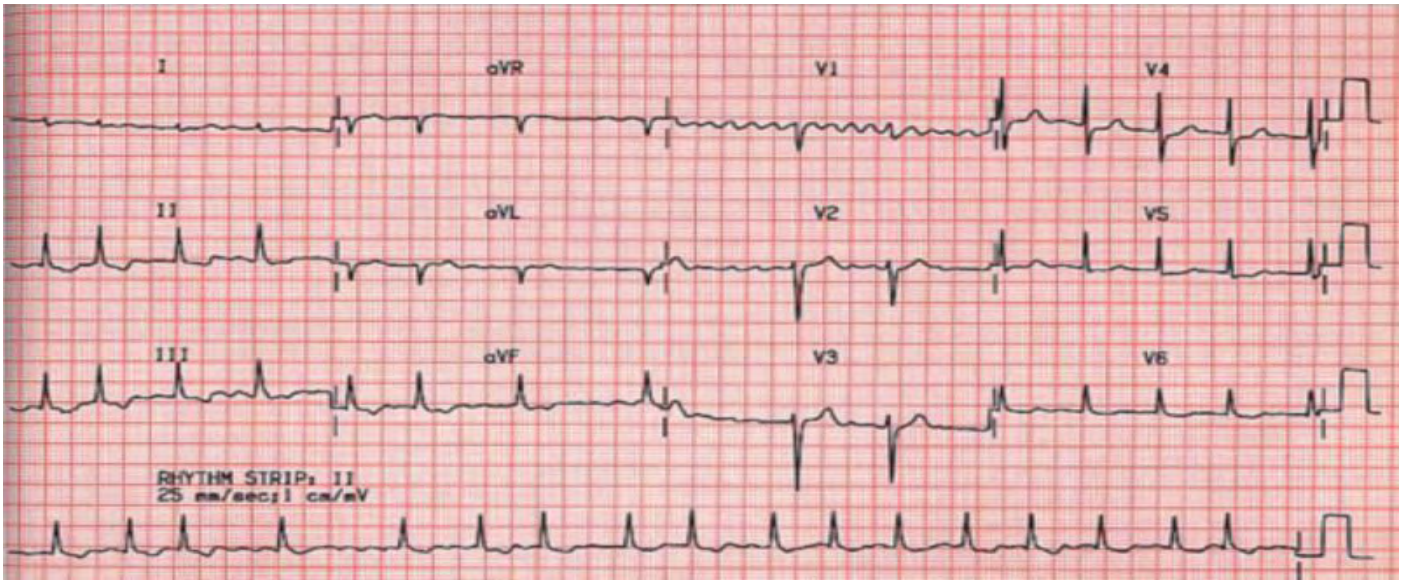
Clinical Reasoning Challenge

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



Question 1

What does the ECG Show? Name one diagnosis.

1.

Question 2

In considering risk of thromboembolism, name five aspects of history of examination to be taken into account when assessing Barry. List FIVE factors.

1.
2.
3.
4.
5.

Q1 Answer: Atrial Fibrillation

Q2 Answer:

1. **Presence of CCF**
2. **Hypertension**
3. **Age over 75**
4. **Diabetes**
5. **Stroke or TIA previously**

Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: ceo@gpsupervisorsaustralia.org.au, W: gpsupervisorsaustralia.org.au
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