GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

Atrial Fibrillation

Atrial fibrillation (AF) occurs in approximately 2-4% of the population and is managed by GPs at a rate of 1.3 per 100 encounters. AF accounts for one quarter of all ischaemic stroke in Australia. 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
- Diagnostic work-up of AF
- Risk stratification for stroke using decision support tools – CHA2DS2-VA score
- Assessment of bleeding risk
- Approach to rate and rhythm control
- Shared decision-making regarding anticoagulation
- Risks and benefits of NOACs compared to warfarin

PRE- SESSION ACTIVITIES

- Read the NHF AF screening and diagnostic work up fact sheet and NHF Stroke prevention fact sheet which are excellent brief summaries on the topic

TEACHING TIPS AND TRAPS

- It is essential to assess and manage intercurrent CV risk factors and comorbidities, including screening for OSA
- AF is commonly asymptomatic, with 10% of all ischaemic strokes associated with previously unknown AF
- Screen patients over 65 by pulse palpations, with 12 lead ECG to confirm
- All types of AF (paroxysmal, persistent and permanent) carry the same risk of thromboembolism
- Individualise management using shared-decision making when considering life-long anticoagulant therapy
- NOACs are now generally recommended in preference to warfarin
- Antiplatelet therapy is not recommended for stroke prevention
- Approximately 1/3-1/2 patients discontinue therapy with 2.5 years of initiation

RESOURCES

Read

- Life in the Fast Lane web page on Atrial Fibrillation
- Good Anti Coagulant Practice - NPS MedicineWise
- Anticoagulation – a GP primer on the new oral anticoagulants – AFP article
- The new NHF AF Guidelines – long but comprehensive (or just review the summary)

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.

Watch

- Heart Foundation Webcast – Improving diagnosis and care for AF patients

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 (7 minutes)

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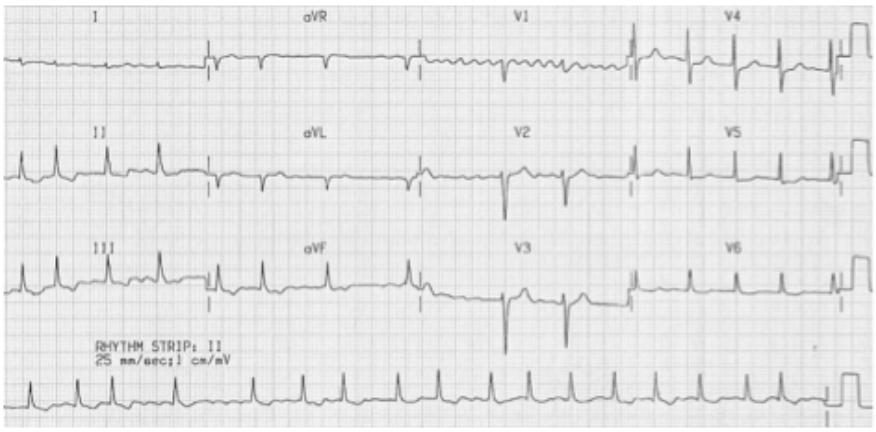
Atrial Fibrillation

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

QUESTION 2. You diagnose AF. In considering risk of thromboembolism, name five aspects of history or examination to be taken into account when assessing Barry. List SIX factors.

1

2

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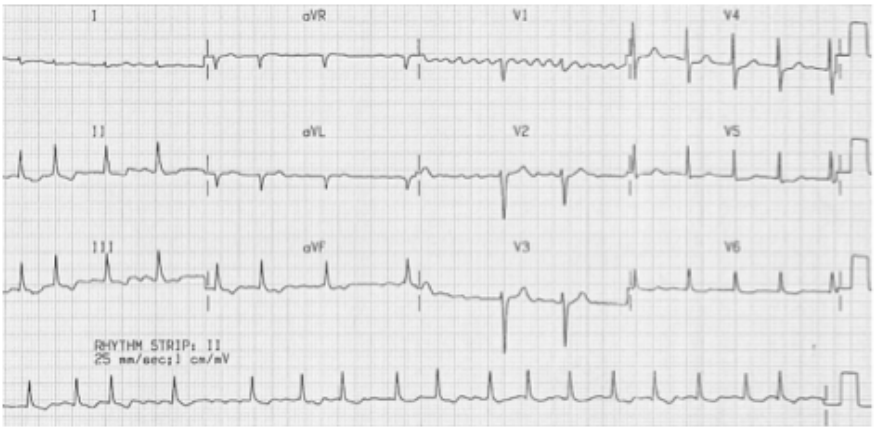
Atrial Fibrillation

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, name five 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

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