ATRIAL FIBRILLATION

What’s the issue?

“Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. A normal heart rate should be between 60 and 100 beats a minute when resting, and is regular. In atrial fibrillation, the heart rate may be over 140 beats a minute, although it can be any speed” [213].

“If left untreated atrial fibrillation is a significant risk factor for stroke and other morbidities. Men are more commonly affected than women and the prevalence increases with age” [214]. The increase with age is relatively marked; the prevalence is estimated to be less than 2% for men aged under 65 years and around 1% or lower for women aged 65 years, but is estimated to be around 5% for men and 3% for women aged 65-74 years, then doubling to around 9% for men and 7% for women aged 75-84 years and 11% for men and women aged 85+ years [215, 216].

What’s our situation?

For 2015/16, there were 4,052 (1.37%) registered patients diagnosed with atrial fibrillation which is lower than England (1.71%) and six of seven comparator areas (range 1.57% to 2.03% except Leicester 0.94%) [93]. This suggests that Hull has a relatively high rate of undiagnosed atrial fibrillation. Indeed, using a model to estimate the number of people with atrial fibrillation (October 2016) produced an estimate of 6,392 patients. If the model is reasonably accurate this suggests there are over 2,000 patients with undiagnosed atrial fibrillation. There was a statistically significant increasing trend in the prevalence with reduced levels of deprivation, although the prevalence did not increase successively over the five deprivation fifths [211]. For every 10 point change in the Index of Multiple Deprivation (IMD) score (see the JSNA glossary, www.hullpublichealth.org/jsna2017.html#82) it was estimated that the prevalence of atrial fibrillation was 0.17 percentage points lower. Thus it was estimate that the practice with the lowest mean IMD score had a prevalence of 1.75 and the practice with the highest mean IMD score (most deprived) had a prevalence of 0.93. This could simply reflect increased undiagnosed disease among those living in the more deprived areas, and could be influenced by the higher general mortality rate among those living in the most deprived areas.

There were 1,056 inpatient admissions over the three year period 2008/09 to 2010/11 for atrial fibrillation and flutter giving annual average directly standardised admission rates of 131 per 100,000 men and 88 per 100,000 women [211].

For 2013-15, there were a total of 82 deaths over the three year period from atrial fibrillation and flutter which included 12 deaths among those who died prior to the age of 75 years. A further 21 males and 49 females died from atrial fibrillation and flutter who were aged 75+ years [211].

For more detailed information, see the JSNA Toolkit: Other Circulatory Diseases report.

What are the strategic needs?

People aged 40-79 years who are eligible for the NHS Health Check should be encouraged to attend and the check should include a pulse check to identify people who may have undiagnosed atrial fibrillation. Those who have diagnosed atrial fibrillation should attend their annual reviews so that they get the best on-going treatment for their condition.

Opportunities should be taken to identify people with undiagnosed atrial fibrillation through pulse checking and/or use of blood pressure monitors which can detect irregular pulse.

Appropriate treatment should be given, for example, anti-coagulation, for patients newly diagnosed with atrial fibrillation.
References


