

RATIONALE AND DESIGN OF THE PROGRAM FOR THE IDENTIFICATION OF “ACTIONABLE” ATRIAL FIBRILLATION (PIAAF): SYSTEMATIC IDENTIFICATION TO DETECT PREVIOUSLY UNDIAGNOSED OR UNTREATED AF IN THE COMMUNITY

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BACKGROUND AND RATIONALE: Oral anticoagulation (OAC) therapy for prevention of stroke associated with atrial fibrillation (AF) is well established yet there are widespread gaps in care. In patients with AF, two key populations exist where under-treatment with OAC is exposing patients to a significant risk of fatal or disabling strokes: (i) those with unrecognized AF and (ii) those diagnosed with AF but not receiving adequate OAC therapy. The public health consequences of undiagnosed or untreated AF (“actionable AF”) are enormous, and screening programs are widely considered to be part of the solution however no data exists in Canada. We sought to evaluate the optimal Methods, setting and target population for identifying “actionable AF” in the community.

METHODS: The Program for the Identification of “Action- able” AF (PIAAF) will study two cohorts of patients 65 years of older in Canadian pharmacies and family practice settings. The pharmacy-led screening program is expected to enroll approximately 2000 patients across 20 pharmacies. AF screening will be performed using a 30 second handheld ECG device. In addition, each patient will have blood pressure measured using a blood pressure kiosk and the CANRISK questionnaire completed to assess diabetes risk. The family practice based program is expected to enroll approximately 2,950 patients across 30 primary care clinics. All eligible patients will undergo a ‘triple screen’ consisting of a 30 second pulse check, blood pressure monitor with AF detection algorithm and handheld ECG device. Patients in both settings with an irregular rhythm detected on a handheld ECG device will undergo a 12 lead ECG. A detailed clinical history including CHA2DS2-VASc score, medication use and test results will be collected in both settings. Screen positive patients will have active follow-up with recommendations for management. These studies will determine the prevalence of “actionable” AF, relative performance of the screening tests, cost of identifying cases of “actionable” AF and the effect of the intervention on OAC use.

CONCLUSION: PIAAF is a population-based initiative for the detection of unrecognized AF and those with known but untreated AF in the community. These data will help to inform future studies on early guideline-based interventions for stroke prevention.

Canadian Stroke Prevention Intervention Network (C-SPIN)