

Atrial Fibrillation and Stroke- the final chapter?

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A familiar tale

- 84 years, retired business man, wife, car, independent, gutters
- Lesion on ear – SCC
- Aware of palpitations
- Wife unwell – do nothing
- GP –reassured, do nothing
- Wait until.....

The NHS Long Term Plan Background

- Increasing challenge to fund current and future demand
- Social care pressures transferred onto NHS
- Social care inadequately funded
- Workforce challenge: circa 100,00 NHS vacancies
- Need to move from illness service to health service
- If primary care fails the NHS fails

Context

- 300 million Primary Care patient consultations per annum
- 23 million A and E visits
- Annual cost of GP care per patient is less than two A and E visits
- Total annual spend on general practice less than hospital out-patients
- 16% increase in primary care workload (7yrs)

Long term plan: key focus areas

- Supporting primary care – workforce emphasis
- Addressing prevention and inequalities
- Improving quality and health outcomes
- Tackle workforce challenges
- Digitally enabled care (inc. self)

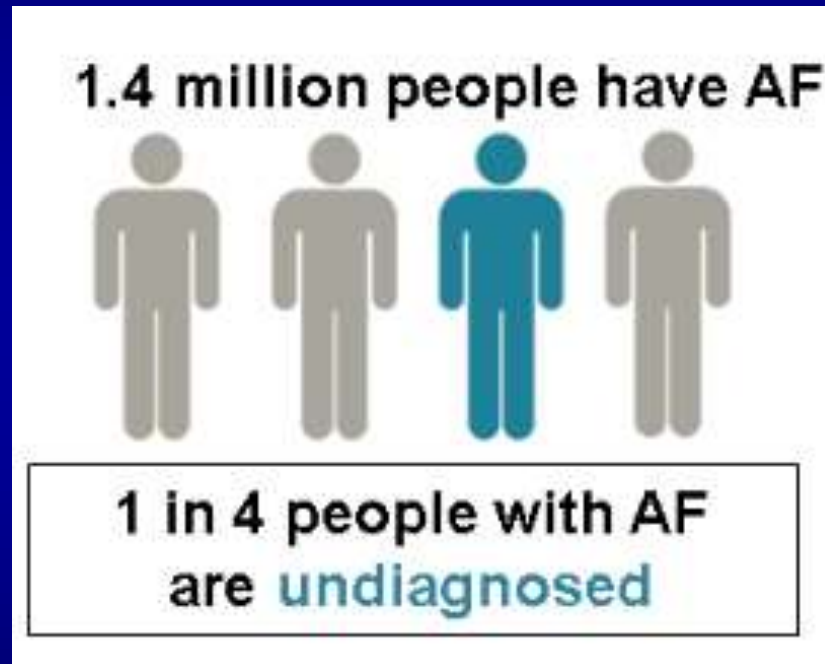
Stroke and Cardiovascular disease

- >100,000 strokes per annum
- 4th major cause of death
- Major cause of severe disability
- 1.2million stroke survivors
- 33% increase in stroke survivors by 2035
- Treatment accounts for 1% total NHS budget (£2.2billion)

Atrial fibrillation: the bare facts

- There is a lot of it
- More common in older people
- Usually associated with other risk factors
- Its not good for you
- The evidence base is unequivocal
- It is still not managed well

Prevalence of AF



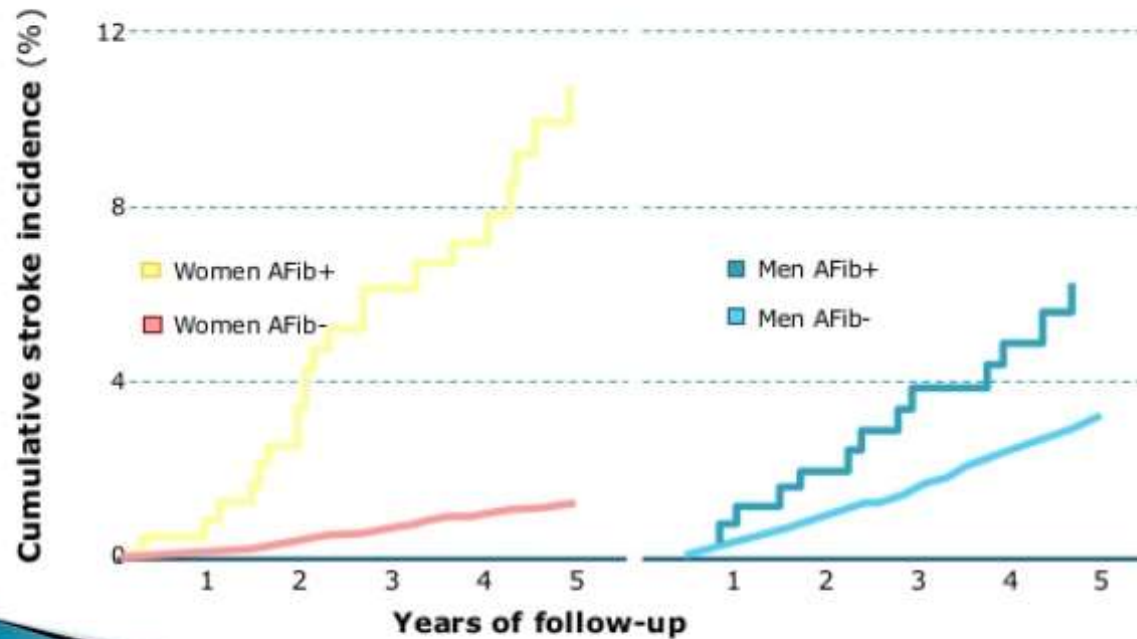
- 2.5% of the population (2.67% in NENC)
- 2.8% of the total estimated AF in the population is likely to occur in people aged under 45
- 6.6% in people aged 45-65
- 80.5% in people aged over 65.

AF and stroke risk



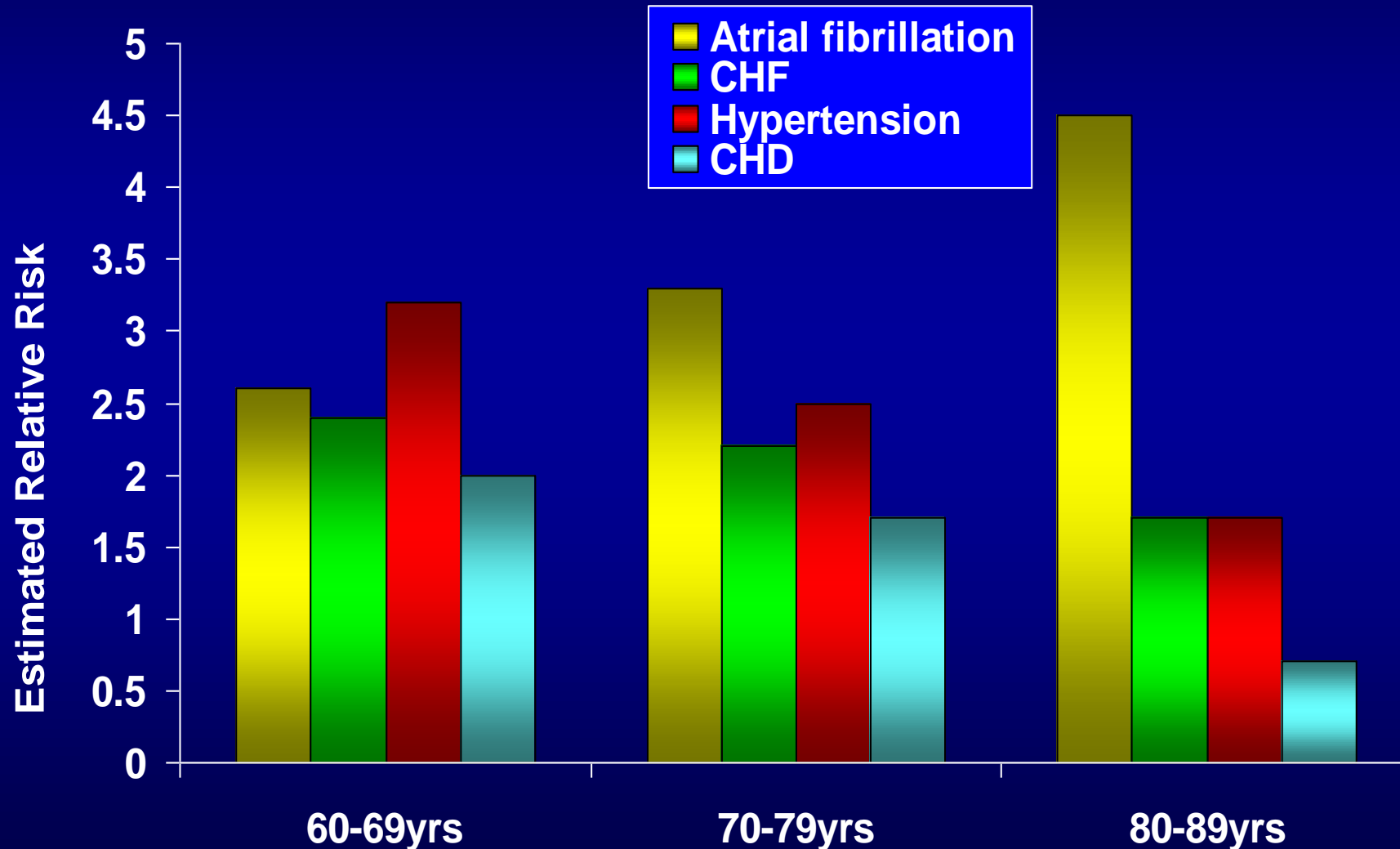
AFib and Strokes

- 5-fold increase in the risk of strokes



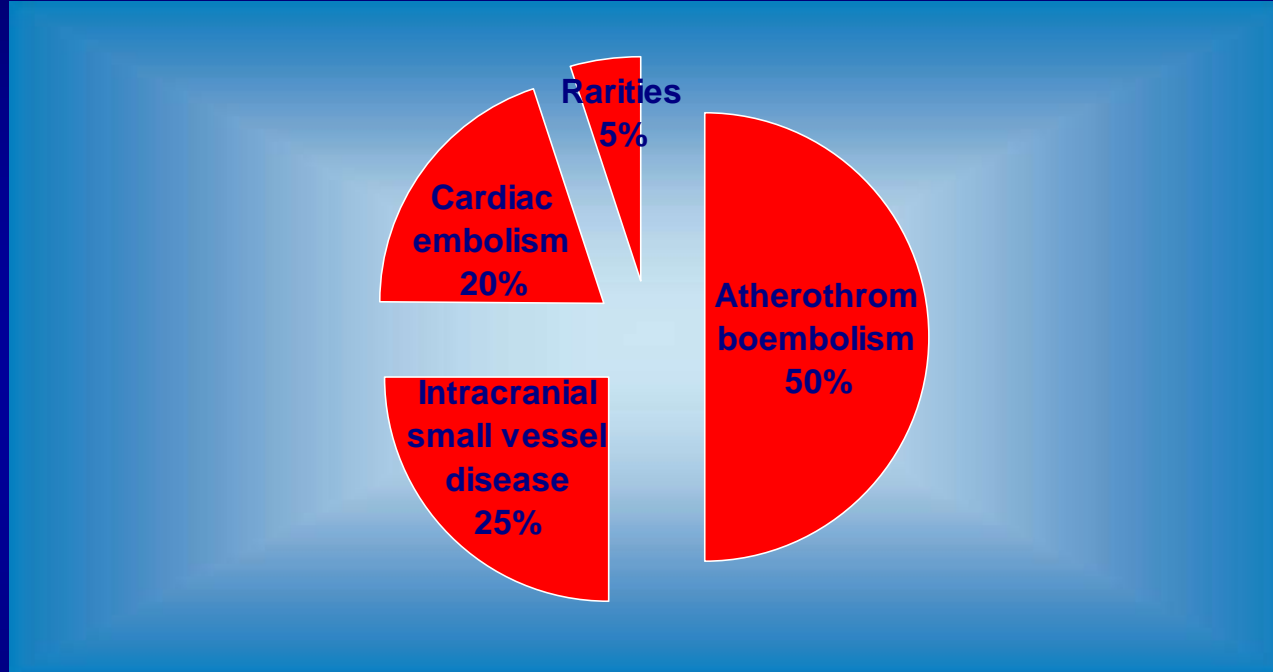
Wolf PA, et al. Stroke (1997) 28: 983
Go AS, et al. JAMA (2001) 285: 2370
Frisberg J, et al. Am J Cardiol (2004) 94: 850

Relative Risk of Stroke According to the Changing Presence of Cardiovascular Disease With Age



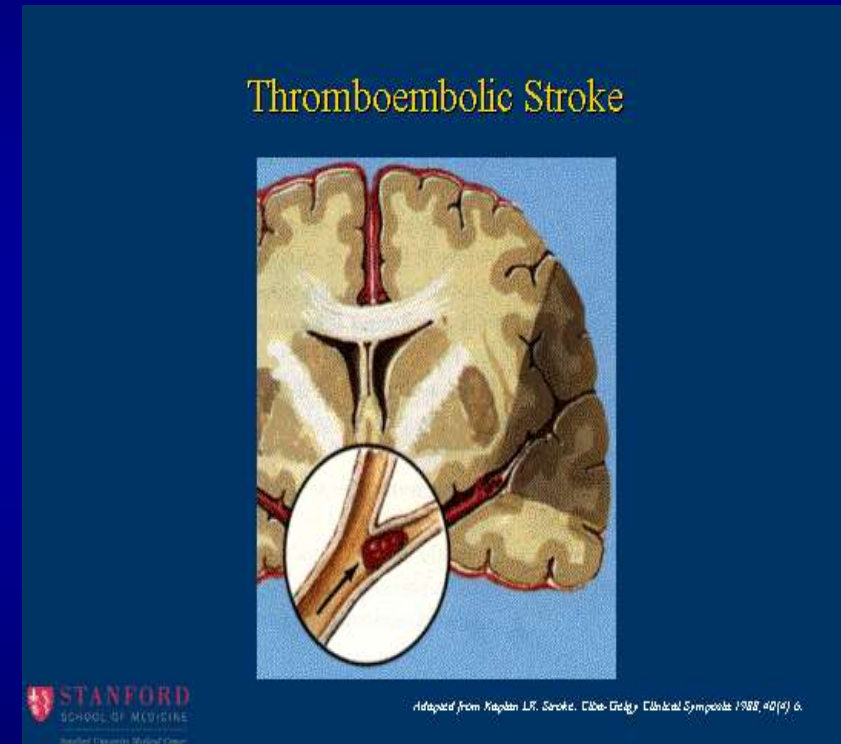
(Wolf 1991)

Stroke pathology



Pathogenesis of cardioembolic stroke due to AF

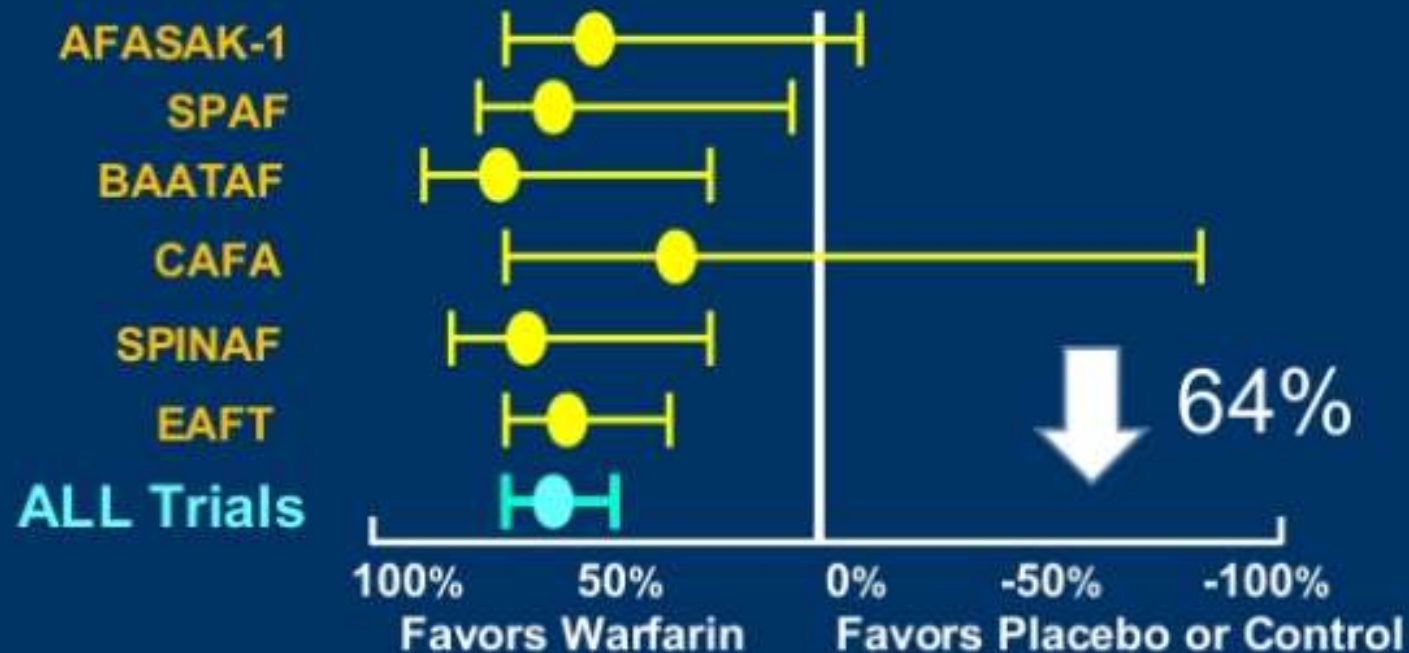
- Affects large cerebral vessels
- Profound and disabling deficit
- Increased mortality / life long disability



Stroke prevention in AF: warfarin is highly effective

Stroke Prevention in AF

Warfarin vs. Placebo (6 trials, total n=2900)

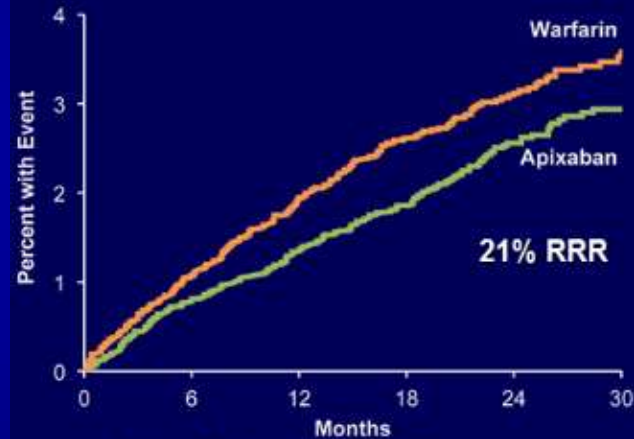


New oral anticoagulants are effective and safe

ARISTOTLE Main Trial Results

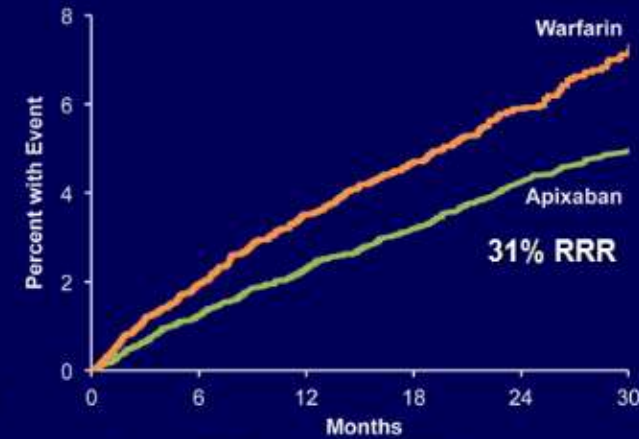


Stroke or systemic embolism



apixaban 212 patients, 1.27% per year
warfarin 265 patients, 1.60% per year
HR: 0.79 (95% CI: 0.66-0.95); p=0.011

ISTH major bleeding



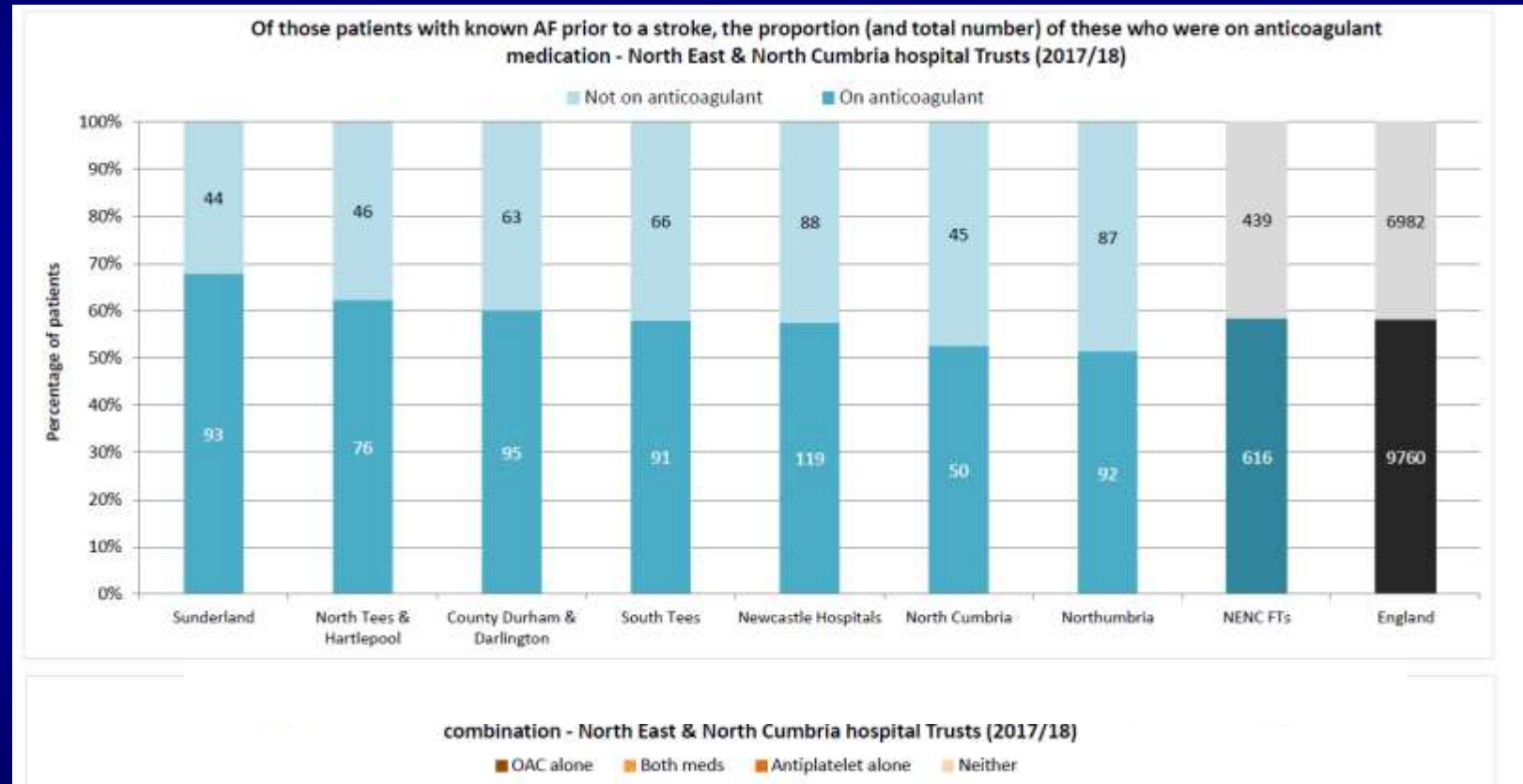
apixaban 327 patients, 2.13% per year
warfarin 462 patients, 3.09% per year
HR: 0.69 (95% CI: 0.60-0.80); p<0.001

Median TTR 66%

Aspirin for reassurance?

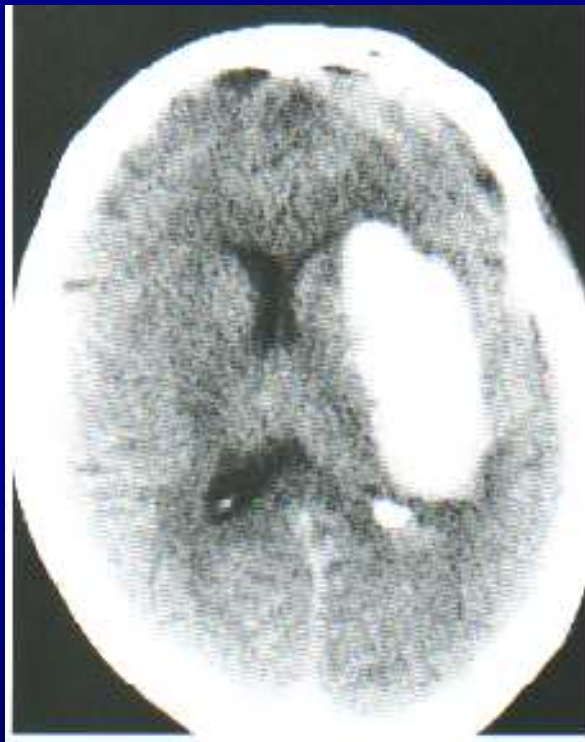
- Only half as effective as warfarin
- Not for cardio-embolic stroke
- No benefit in the elderly
- Marginally reduced bleeding risk
- But increased ICH risk

Knowing is not always doing



Data source: Sentinel Stroke National Audit Programme(SSNAP) National Results, Annual Results Portfolio, April 2017-March 2018

Primary intracranial haemorrhage



Manage the bleeding risk not threshold

HAS-BLED		
Letter	Clinical Characteristic	Points
H	Hypertension	1
A	Abnormal Liver or Renal Function	1 or 2
S	Stroke	1
B	Bleeding	1
L	Labile INR	1
E	Elderly (age > 65)	1
D	Drugs or Alcohol	1 or 2
Maximum Score		9

- A high HAS-BLED score (≥ 3) is indicative of the need for regular clinical review and follow up
- Should not be used per se as a reason to not anticoagulated

The reality

- Estimated 7,100 AF-related strokes and 2,100 AF-related deaths could be prevented annually in the UK if everyone with AF was appropriately managed
- NNT: primary prevention: the number of patients needed to treat for 1 year to prevent one stroke is 37
- NNT: secondary prevention: the number of patients needed to treat is 12

Should we screen for AF?

- No current trial evidence for benefits of routine screening but...
- If your patient has AF their stroke risk is increased at *least* five fold
- You know, so, do they know?
- You worry about prescribing AC therapy
- You worry about traditional model of AC care

We would if we could—the delivery challenge

- Who counsels the patient
- Who prescribes A/C?
- Who monitors?
- What about interactions and co-prescriptions?
- Who supports the patient long term

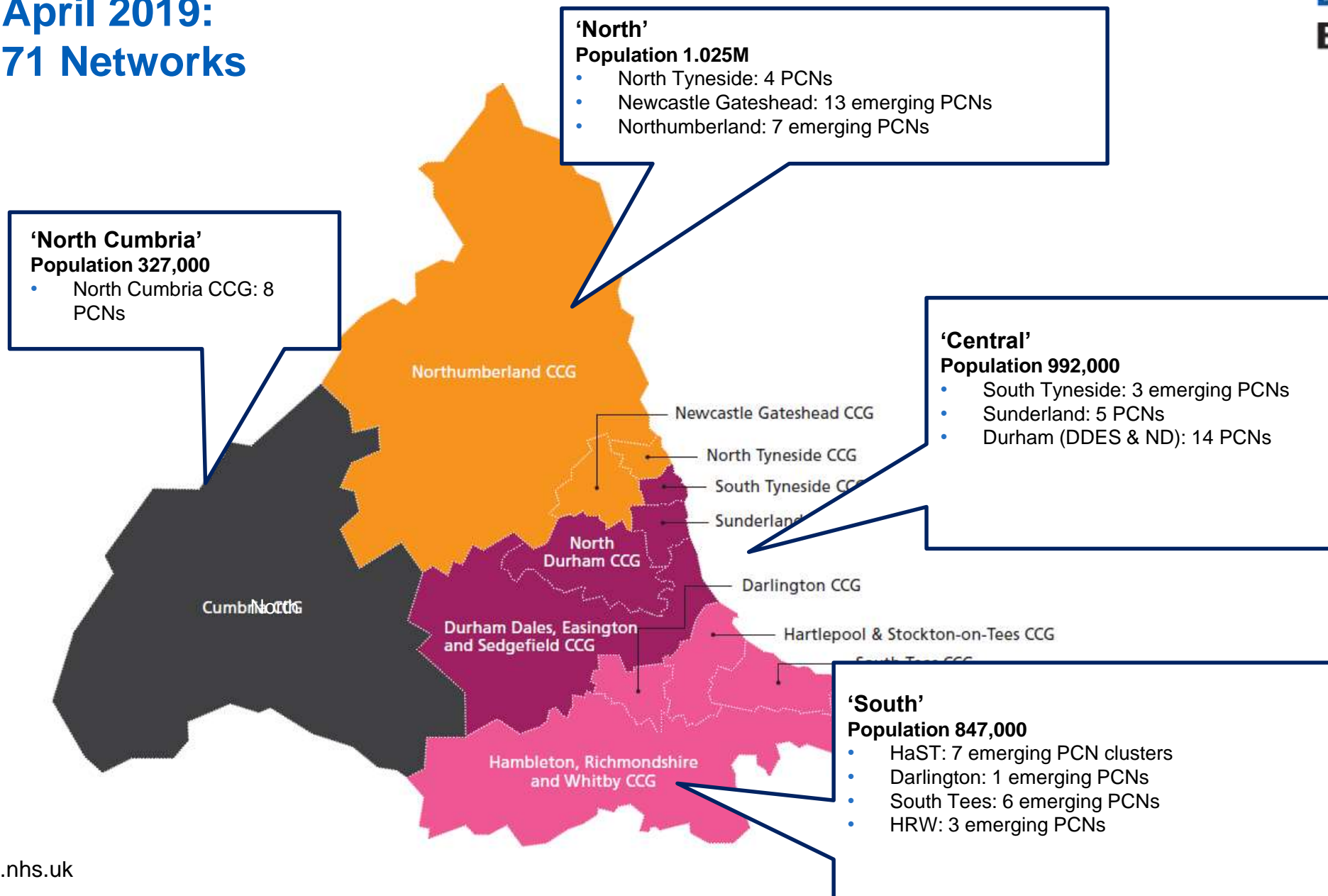
The Long Term Plan – Primary Care

- **Primary care networks** enable the provision of proactive, accessible, coordinated and more integrated primary and community care improving outcomes for patients.
- Formed around natural communities based on GP registered lists serving populations of around 30,000 to 50,000.
- Small enough to still provide the personal care valued by both patients and GPs, but large enough to have impact.
- Create capacity through new roles and ways of working

Realising the benefits of primary care networks

- £4.5billion investment in primary and community care
- 20,000 additional staff by 2024
- 2019–clinical pharmacists and social prescribing link roles
- 2020- physician associates and first contact physiotherapists
- 2021-community paramedics
- Ambition: by 2023/4 each network will have access to 6 WTE clinical pharmacists

CNE Summary Position April 2019: 71 Networks



May 2019 - NHSE National stroke programme- AF detection

- Aim: identification and treatment of >18,000 people with AF
- Preventing 700 strokes,
- £9million funding towards specialist clinical pharmacists
- 23 high risk areas (CCGs)
- North Cumbria, North Tyneside, Northumberland CCGs

If all else fails.....

