

[National Assembly for Wales](#)

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[Stroke risk reduction – follow-up inquiry](#)

Evidence from Anticoagulation Europe – SFU 11

Response to Stroke Risk reduction – follow up inquiry 2013

National Assembly for Wales

AntiCoagulation Europe(ACE) is a UK registered charity founded in the year 2000. We work with patients, healthcare professionals, NHS trusts, Industry, Government, other charities, patient groups and a wide range of other organisations.

Our aims are: The prevention of thrombosis; The provision of information, education and support; The promotion of independence - supporting people to take an active part in their own healthcare. We produce a quarterly magazine which is circulated to our subscribers – patients, carers and healthcare professionals. Our panel of medical experts provide specialist knowledge and advice

Atrial Fibrillation - Early diagnosis and treatment will reduce stroke risk.

We note that the UK National Screening Committee (NSC) on Atrial Fibrillation screening in Adults is currently under review and is estimated to be completed in November 2013. Campaigns to heighten awareness of AF symptoms aimed at the public can provide a valuable contribution in increasing knowledge and understanding of the condition, its symptoms and the increased stroke risk. The challenge still remains that a consistent approach in detecting AF - the adoption of routine pulse checks and diagnostics for those presenting with a stroke risk factors is required in the primary care setting. ACE continues to support the introduction of a robust screening programme which could be built into a National Health Check programme in Wales.

NICE Guidelines for the Management of Atrial Fibrillation is due to be published in 2014 and there is a direct reference to implementation of the Guidelines in Recommendation 5 of the Inquiry into Stroke Risk Reduction in relation to ‘necessary treatments’ following assessment of patient risk assessment outcomes in primary care.

Since the Health and Social Care Committee Inquiry took place in 2011, there has been significant developments with three new anticoagulation treatments now being available to reduce stroke risk in atrial fibrillation in addition to the existing VKA drug(warfarin)

Nice guideline details as below:

- TA 256 – Rivaroxaban recommended for the prevention of stroke and systemic embolism in people with atrial fibrillation (May 2012)
- TA 249 – Dabigatran etexilate for the prevention of stroke and systemic embolism in Atrial Fibrillation(March 2012)
- TA 275 – Apixaban for the preventing stroke and systemic embolism in people with nonvalvular atrial fibrillation(Feb 2013)

The benefits of these treatments are that unlike the VKA(warfarin) option, they do not need to be monitored by regular blood testing. For newly diagnosed AF patients, following an informed discussion with their managing clinician, the patient should be given information on the benefits and risk of all the therapies and then the appropriate treatment offered.

The impact of the new treatments are welcome when aiming to prevent an AF stroke related event. Historically, warfarin has been perceived as a challenging drug with some clinicians being reluctant to prescribe due to the monitoring and interactions with diet and lifestyle. People not wishing to take warfarin due to testing requirements and dosing adjustments are vulnerable, and therefore, effective management of the condition is critical in preventing an ischaemic stroke event.

Together for Health – Stroke Delivery Plan: Our vision - published by Welsh Government in 2012 focuses on the Person Centred Care – with one key area being ‘Preventing a Stroke’ It summarises key action points in 4 specific outcomes.

Outcome 1 highlights key action points and in particular, refers to *‘services to assess and address people’s risk of stroke are easier to access and are more co-ordinated and systematic.’*

- Initiation and implementation to detect this condition therefore must commence in the primary setting as first point of contact to firstly identify people (some without any AF symptoms) and thereafter treat with appropriate therapies within the management of the condition.
- *‘Medication to manage risk factors for AF ‘are speedily targeted to all patients’*
Nice guidelines are now available for the new NOACS for this purpose
- *‘More clinical advice and support available provided by local pharmacies;*
potential for participation in a screening programme
- *Educating the population on reducing the risk of avoidable stroke* Shared responsibility with support and collaborative involvement of NHS, patient groups and industry in providing healthcare information across a broad range of media

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