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Country:	Belgium
Titel of the project:	Optimizing Stroke Prevention by Stimulating General Practitioners

Project details

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At this moment general practitioners are not enough aware of the screening and risks of atrial fibrillation. In this project, we want to increase the awareness of GPs for systematic screening and follow-up of their patients for atrial fibrillation. By doing so, ischemic stroke prevention can be optimized.

Background Atrial fibrillation (AF) is the most common arrhythmia in clinical practice. The estimated AF prevalence is approximately 0.4-1.0% in the general population, and increasing with age up to 8% in those older than 80 years (1,2). In a recent study, we screened 11.550 Belgian adults (>40yrs) for AF in 69 hospitals (3). The most important finding of this study was a significantly higher AF prevalence (1.9%, n=229) as previously assumed. 64% (n=148) of this group were new detected AF. These data might indicate that the AF prevalence might be higher as currently estimated. It is important to screen for patients with AF because of a 5-fold greater risk for ischemic stroke (4). Due to the fact that general practitioners (GPs) are the first gatekeeper in Belgian health care, they are responsible for disease prevention, namely screening and follow-up. But at this moment GPs are not enough aware of the risks of AF. This causes a lack of screening and inappropriate follow-up of these patients (5). The risks for ischemic stroke in patients with AF is easy to compute with the CHA2DS2-VAScore (6). In the Belgian national screening, the CHA2DS2-VAScore of 229 AF patients was: 14 patients with 0; 46 with 1, and 169 with ≥2 (3). Patients with a CHA2DS2-VAScore ≥2 needs to be treated with oral anticoagulation. A study in general practice showed however no association between a higher CHADS2-score and initiation of oral anticoagulation, in contrast to guidelines (7). The aims of this study is to stimulate GPs to screen systematically their patients at risk for AF, to detect patients at risk for ischemic stroke using the CHA2DS2-VAScore, and to prevent stroke. Methods In step one of the project: different partnerships with GPs (Domus Medica, ICHO) and cardiologists organizations (BEHRA, ...) will be made. In step two all Flemish GPs will be invited to participate in this project. The recruitment of GPs will be done by different channels: (medical) press, network of GP associated with clinical laboratories, GP organizations, universities, ... The study secretary will be at Hasselt University. Participation implies following at least one education session on AF. During this education session the guidelines for AF will be instructed, how to screen and detect patients at risk for ischemic stroke by CHA2DS2-VAScore. An online teaching module with accreditation will be foreseen for those GPs who are not able to participate at one of the organized educations sessions. After the education session the participating GPs will receive access to an online CHA2DS2-VAScore calculator for input of patient data. In step three of the project all the participating GPs will be questioned about their knowledge of AF, their remaining questions/difficulties in screening and follow-up of AF patients. Step four will be the analysis of the questionnaires and writing of a scientific paper. Conclusion In this project, we want to increase the awareness of GPs for systematic screening and follow-up of their patients for AF. By doing so, ischemic stroke prevention can be optimized.

Audience

Type

- Healthcare professionals

Location

Belgium, Europe