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Country: **France**

Titel of the project: **Safe Atrium Network**

Project details

CHERIF HEROUM

CHU DE MONTPELLIER

Award amount: €100,000

National atrial fibrillation screening and treatment network initially consisting of 500 treating physicians and referring cardiologists. National network would be planned based on population density. Instantaneous SMS data exchange via provided telephones.

Patients are monitored via a nationwide map of referring general practitioners (RGPs) and referring cardiologists (RCs), selected from a group of volunteers by clinical research assistants. Principles: 3 groups of patients:- Group A: screening based on a questionnaire regarding patients over 40. Standardised questionnaire: history of palpitations, vague sense of illness, syncope, transient neurological deficit, amaurosis or transient diplopia, arrhythmias recorded by the patient or doctor, intolerance to physical exertion.- Group B: patients diagnosed with known permanent or paroxysmal atrial fibrillation without identified untreated embolic events. Motivation of the lack of treatment will be indicated on their logbook. The reason for the lack of treatment will be indicated on their logbook. - Group C: patients with permanent or paroxysmal AF with one or treated embolic events: antiplatelet agents, AVK, antithrombin, anti-Xa. When an INR is outside the therapeutic range a message is sent to the RGP and RC with confirmation of receipt. Group A will have a Holter ECG or an R-test, based on the cardiologist's evaluation. Quarterly consultation with the RGP and the RC will be provided. Group A will be identified by a White card. Group B will have a yellow card and group C, a blue card. This allows immediate identification of the patient's profile. The card must change colour based on the clinical evaluation. Each patient will have an individual number by department: 340001, 750001.... His or her card includes a telephone number, which allows an SMS to be sent to the RGP and RC when the patient is hospitalised due to reasons related to his or her AF. The INR results can also be sent to the RGP via SMS. Logistics will include:- Portable computer with the list of reference numbers for each patient.- Locked GSM telephone that can receive all calls and messages, but cannot be used to contact referenced members from the national network.- Monitoring cards delivered to patients by the RGP. They have a colour code for each group, with labels. Any serious clinical episode or death must be analysed by the RGP in conjunction with the RC. Change in colour of the card, based on clinical episodes, will be decided by the cardiologist. Patients that are less compliant with treatment will be the object of closer monitoring, with a sociological and psychological evaluation if necessary. This device will be implemented for a duration of 3 to 5 years, and must be updated in consultation with public health authorities. A statistical analysis of clinical embolic episodes: Stroke, systemic embolism ..., and cardiovascular mortality will be conducted for the "Safe Atrium" network group, versus the same population profile off the network. It should be taken into consideration that the network population will have greater security in its treatment.

Audience

Type

- AF Patients
- Healthcare professionals
- Carers of AF Patients
- General public
- AF screening in at-risk patients

Location

France, Europe