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Country:	India
Titel of the project:	Atrial Fibrillation in India Assessment (AFINA) Study

Project details

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Award amount: €100,000

Stroke prevention is a key goal in Atrial Fibrillation (AF) management. In India, with its large valvular AF population, this needs to be put into perspective. We will assess prevalence and treatment of AF, identify areas of deficiency in healthcare delivery and compliance and use focused methodology to remove deficiencies.

This study is aimed to identify the prevalence, treatment patterns and cardiovascular event rates in patients with Atrial Fibrillation (AF) in an urban district of India. A pilot study conducted by us had revealed gross under utilization of oral anticoagulants and lack of any uniform stroke prevention policy. There is an urgent need to address this problem and revisit guidelines particularly in the context of safer antithrombotic therapy, new anti- arrhythmic drugs and evolution of Catheter ablation. The data generated would provide direction on need gap which would be fulfilled by creating awareness amongst practitioner and patients across India through distributing educative pamphlets, e-learning, media coverage and training. Background The true prevalence of Atrial Fibrillation in Indians is not known and there are wide variations in the pattern of care for such patients. Many are not even aware of their rhythm abnormality or the high associated risk of stroke. Anticoagulation therapy is often not discussed, presuming patients inability to monitor anticoagulation parameters. Methods We plan to study prevalence of AF in an urban district of India where all adults in the district (Age 18 and above) shall be screened. The database will be the electoral rolls of the district. The survey will target a population of at least 200,000. After informed consent, data collection would be through questioners or personal interviews in the local language to evaluate disease awareness, treatment taken and stroke risk. All subjects will have an ECG at baseline and a questionnaire will be used to capture demographic profile and the risk factor assessment for stroke (CHADS and CHADVasc score). Subjects with at least one documented episode of Atrial Fibrillation will be enrolled for follow up. At baseline, patient demographics, thyroid function, an ECG and echocardiogram shall be obtained. They would be educated about their stroke risk and advised anticoagulation therapy. Patients will be offered the various treatment options available including rate control with appropriate anti-thrombosis therapy or rhythm control with drugs and rhythm control by catheter ablation. According to the treatment option opted for, patients will be divided into groups and followed up with 6 monthly ECGs , 24 hour ambulatory ECG monitoring and clinical evaluation for a period of 5 years. Specific measures such as patient alerts and home visits by trained healthcare providers would be used, to ensure compliance, targeting a time in target range of at least 70%. All strokes/ TIA and other cardiovascular events such as death, Myocardial Infarction, heart failure, and bleeding complications (both major and minor) will be recorded throughout the period of study. Cross-over between the two arms will be permitted in exceptional circumstances, but results would be analyzed on an intention to treat basis. The incidence of stroke will be the primary end point and major cardiovascular adverse events will be the secondary end points of the study. The outcomes will be analyzed using relevant statistical tools. The results of the study will be used to formulate a nation wide Prevention of Stroke in Atrial Fibrillation policy.

Audience

Type

- AF Patients
- Healthcare professionals
- Carers of AF Patients
- General public

Location

India, Asia