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Country: **Italy**

Titel of the project: **GETTING TO THE OBSCURE MATTER: SCREENING FOR UNKNOWN CASES OF ATRIAL FIBRILLATION IN THE POPULATION**

Project details

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Award amount: €100,000

The project consists in a screening of all individuals with risk factors for atrial fibrillation in the Italian territory. Family doctors will be helped to improve their preparation in research developments for atrial fibrillation management. They will be the link between the public and the clinical Centres performing the screening.

The GVM Care & Research Group consists of 23 healthcare structures spread thorough the Italian territory. Integrated cardiology and cardiac surgery departments are available. All structures are part of a network for uniform patients' management and collection/elaboration of clinical data. The targets of our project are: • Ensure prompt diagnosis of the cases of atrial fibrillation which occur in the general population and are unknown or misdiagnosed, due to asymptomatic course or to scarce attention to the symptoms. • Provide patient-centered therapeutic management, which may include a rhythm-control or a rate-control strategy. The project is articulated into three phases. In a first phase, the territorial family doctors are contacted through the Institutional medical organizations; they are provided with dedicated material which underscores the established risk factors for atrial fibrillation (age >60 years, arterial hypertension, diabetes, heart failure, valvular disease, hyperthyroidism, coronary disease, cardiomyopathy). The clinical Centers involved in the project will organize dedicated meeting and courses targeted on family doctors, in order to expand their sensibility over the significance of risk factors and over the prevention of the complications. They are also educated over the recent developments in the management strategies and emerging strategies for atrial fibrillation termination, including transcatheter ablation and the minimally invasive surgical ablation. General practitioners are provided with the contact information of the nearest participating centre. Patients eligible for the screening (presence of at least one risk factors for atrial fibrillation), though asymptomatic, are then provided by the family doctor with the contact of the screening centre, and invited to fix an appointment. In the second phase, the patients referring to each centre are scheduled for the first visit, which includes the clinical history (cardiovascular risk factors, symptoms referable to arrhythmia), physical examination, electrocardiogram at rest and 24-hours ECG monitoring. This noninvasive exam consists in carrying a portable electrocardiogram-monitoring apparatus for 24 hours and has the capability to disclose the presence of stable atrial fibrillation (permanent or persisting form) or the occurrence of transient and self-terminating phases of atrial fibrillation (paroxysmal form). Patients without evidence of atrial fibrillation are entered in a follow-up program (repetition of visit and screening examinations on a yearly basis) and educated to risk factor control. Patients who have episodes of atrial fibrillation are submitted to further evaluation (echocardiography to rule out valve disease, intraatrial thrombus and ventricular dysfunction), stroke prophylaxis with oral anticoagulants, and consultation for therapeutic management (flowsheet is attached to the project). Our clinical infrastructure allows management of oral anticoagulation therapy, rate- and rhythm control therapies (pharmacological and electrical cardioversion, transcatheter ablation, surgical ablation even for lone atrial fibrillation via the minimally invasive approach on the beating heart). Therapeutic decisions are proposed to patients in a collegial environment involving cardiologists and cardiac surgeons, and in compliance with the current guidelines. In the third phase, the patients treated for atrial fibrillation are entered in a follow-up program consisting of clinical and instrumental re-assessment on a six-months basis. Arrhythmia-free and drug-free survival are measured. Quality-of-life measurements are regularly performed (SF-36 questionnaire).

Audience

Type

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

Location

Italy, Europe