

# The New Millennium Epidemic of Atrial Fibrillation



The 'Get Smart About AFib' campaign is designed to tackle the escalating epidemic of atrial fibrillation (AF), which has doubled in prevalence over the past decade.<sup>2</sup>

## Campaign aims

- Generate awareness of AF
- Drive screening and detection of AF
- Support earlier referral and treatment

## Addressing the rising trend across Europe



- AF is the most common cause of heart arrhythmia and is becoming more widespread, affecting 11 million people across Europe<sup>1</sup>
- By 2030, the number of people with AF is projected to increase by up to 70%<sup>2</sup>
- Europe will have the greatest number of AF patients compared with other regions by 2050<sup>3</sup>

## Who is at risk?

The number of people with AF is expected to increase significantly in the next 30–50 years due to an ageing population and increasing prevalence of risk factors, including arterial hypertension and diabetes<sup>3</sup>

### 65+



**Nearly 8 out of 10 ADULTS** suffering from (or diagnosed with) AF or Atrial Flutter are 65 years old or older<sup>1</sup>

## AF increases the risk of life-threatening conditions

- AF disrupts the normal flow of blood through the heart, which can lead to the formation of blood clots, causing loss of cardiac function and/or stroke<sup>5</sup>
- AF increases a patient's risk of life-threatening events and conditions, including stroke, heart failure and death.<sup>6</sup>
- Up to 20% of all strokes occur in AF patients<sup>2, 6</sup>

**5x** Increase heart failure

**2.4x** Increase stroke

**2x** Increase cardiovascular mortality

## Burden

### Burden of AF on patients

- The most common symptoms of AF include palpitations, fatigue, shortness of breath, general malaise and dizziness<sup>2,7-9</sup>
- These symptoms can impact significantly on a patient's quality of life



**19%** IMPAIRMENT IN FUNCTIONAL STATUS<sup>10-11</sup>

**25%** DISRUPTION TO DAILY ACTIVITIES<sup>10-11</sup>

**UP TO 47%** REDUCTION IN QUALITY OF LIFE<sup>10-11</sup>

### Burden on healthcare systems

AF places a critical financial and resource impact on health systems across Europe

- The reported costs range from €660 million up to €3.286 billion<sup>12-16</sup>
- By 2030 the number of stroke events and medical visits associated with AF is expected to increase

**280,000-340,000** NEW ISCHEMIC STROKES<sup>2</sup>

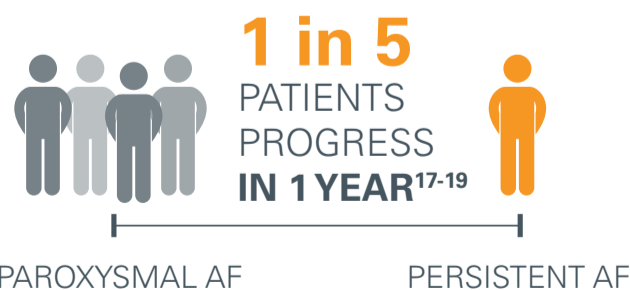
**3.4-4 MILLION** HOSPITALISATIONS<sup>2</sup>

**100-120 MILLION** OUTPATIENT VISITS<sup>2</sup>

## Early detection is key

AF is a progressive disease that becomes more difficult to manage the longer it persists<sup>9</sup>

- Early detection and diagnosis of AF may help improve patient outcomes, since long history and duration of AF have been associated with recurrence.<sup>24-25</sup>



## Tackling the rising challenge of AF

### Get Smart about Screening

Approximately 15-30% of AF patients may experience no symptoms at all, known as 'Silent AF' Guidelines recommend:<sup>4</sup>

- Opportunistic screening (e.g. during routine blood pressure monitoring) for people over 65 years by pulse taking or through an ECG test<sup>7</sup>
- Systematic screening of patients at high risk of stroke to identify those who would benefit from prophylactic anticoagulation therapy<sup>4</sup>

### Help Patients Get Smart about AF [replace with local name of campaign]

45% of patients don't believe AF can be life-threatening.<sup>20</sup> You can:

- Educate patients about AF and the risk of serious complications
- Encourage patients over 40 years or with risk factors to regularly check their pulse – and report any concerns to their doctor
- Encourage patients to play a central role in the decision-making and care process to encourage self-management
- Actively discuss available treatment options with informed patients

\* Based on functional capacity, as measured using the Goldman Specific Activity Scale, in AF patients (score, 75 [standard deviation (SD) 20]) vs. healthy individuals (score, 93 [SD 11]).  
 † As measured using the Illness Intrusiveness scale in AF patients (score, 35 [SD 15]) vs. health individuals (score, 28 [SD 19]).  
 ‡ As measured using the SF-36 QoL scale. Reductions were observed on SF-36 subscales.

## References

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