Improving the detection of atrial fibrillation in primary care: a qualitative study exploring the patient path to diagnosis

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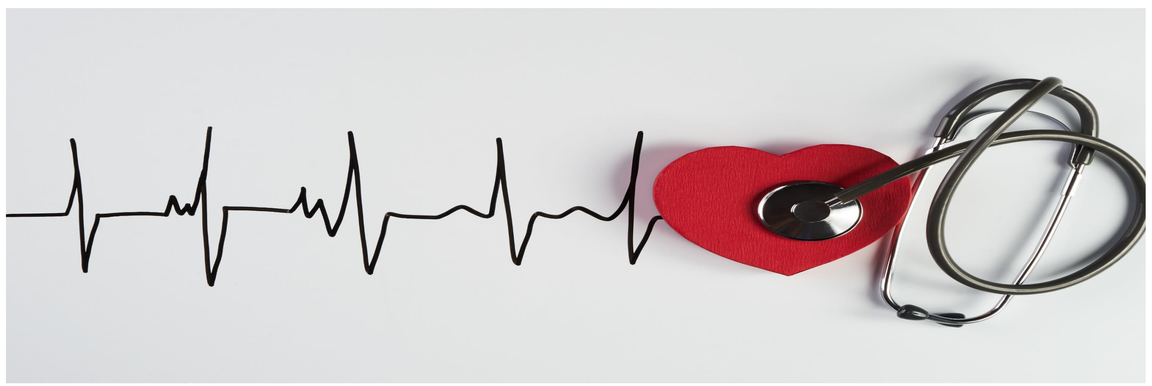
AFA AF Association www.afa.org.uk

Background

- Atrial fibrillation (AF) is a common heart rhythm disorder[1]
- AF increases the risk of stroke five-fold and the risk of death two-fold[2]
- Anticoagulation therapy reduces these risks[3]
- However, AF can be difficult to detect; at least one-third of people with AF remain undiagnosed[4]



Purpose

To explore the patient path to diagnosis of AF and develop recommendations to improve the detection of AF

Methods

❖ Semi-structured interviews (n=30) with patients with AF recruited from a diverse sample of GP practices across the West Midlands

Objective: To explore the patient journey of how they experience AF from first awareness of any symptoms to diagnosis

Inclusion criteria

- Aged ≥50 years
- Diagnosed with AF within the last 6 months
- Able to provide informed consent

❖ Semi-structured interviews (n=15-20) with primary care professionals

Objective: To explore knowledge and experience of presentations of AF

Inclusion criteria

- GP or primary care nurse
- Able to provide informed consent

❖ Stakeholder workshop

Objective: To interpret study findings and identify key messages

12-15 stakeholders selected to include

- Patients/members of the public
- Primary care professionals including GPs & nurses
- Cardiologist with expertise in AF
- Representatives of relevant charities

❖ Development of educational resources

- Tailored to the public and healthcare professionals
- To include leaflets and vignettes
- Dissemination to patients, the public and the NHS through the AF Association

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Evaluation

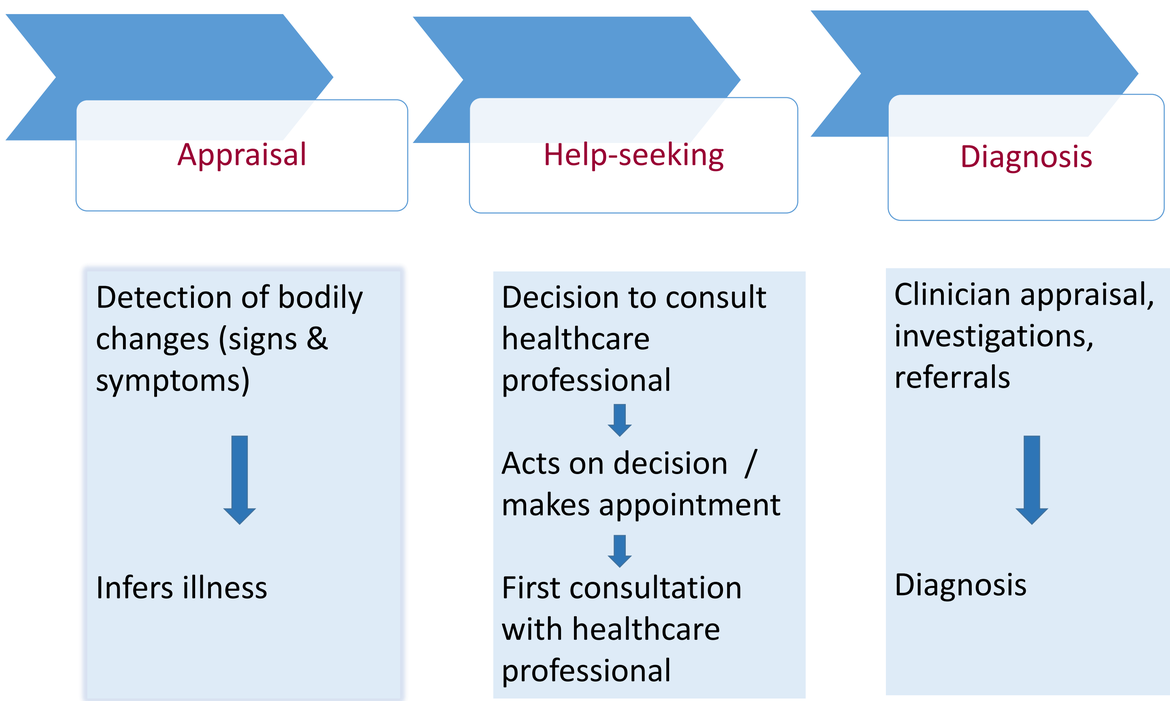
❖ Qualitative data analysis using Framework Analysis

- Familiarisation with the data
- Development of coding framework by two members of the research team
- Indexing and charting aided by Nvivo software

❖ Data analysis to include:

- Mapping of patient pathways (symptomatic and asymptomatic)
- Signs and symptoms experienced by patients
- Recognition and interpretation of signs and symptoms by patients
- Exploration of the trajectory to diagnosis of symptomatic AF using Andersen's model of Total Patient Delay[5] (Figure 1)
- Presentations in primary care and associated challenges
- Triangulation of patient and healthcare professional perspectives

Figure 1. Components of Anderson's model of Total Patient Delay



Implications

❖ Recommendations to improve the detection of AF will be made, drawing on the identified patient pathways

- Pathways characterised by AF diagnosis following a long period of symptoms may indicate a need to raise awareness
- Pathways characterised by delays in the diagnostic interval may indicate a need to address health system/clinician factors
- Pathways characterised by incidental diagnoses or asymptomatic AF may indicate a need for targeted approaches to detection such as screening.

❖ Dissemination of public educational resources developed from findings will help improve detection at the patient level

❖ Improved detection of AF will allow timely initiation of anticoagulation therapy to reduce AF-related stroke and mortality.

References 1. Llyod-Jones et al. Circulation. 2004 2. Wolf et al. Stroke. 1991 3. AF Investigators Arch Intern Med. 1994 4. Evans T. Public Health England. 2017 5. Anderson et al. British journal of social psychology. 1995.

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