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What Are the Latest Updates on the Clinical and Economic Impact of AF?

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Pokorney:

I'm Sean Pokorney, Assistant Professor of Medicine at Duke University. Thanks so much for joining me today to discuss what are the latest updates on the clinical and economic impacts of atrial fibrillation in the most recent ACC/AHA guidelines for atrial fibrillation.

I think one of the things that was really important to highlight for people is the impact of social demographic index on atrial fibrillation – the changes that we've seen over time. I think the critical issue is that patients really across the globe are seeing increasing prevalence of atrial fibrillation. Again, that's been seen from 1990 to 2017. We've seen a steady increase in the prevalence of atrial fibrillation. And that's been across all social demographic indices, which really includes factors such as fertility and wealth. And so, the highest rates of growth in the prevalence of atrial fibrillation have really taken place in the middle and low-middle social demographic index groups across the world. And so, we're really seeing the highest growth in these populations, not necessarily in the high social demographic index groups.

Importantly, in the Medicare patients in the United States, we've seen a dramatic overall increase in the prevalence of atrial fibrillation over a 20-year period. And really, that's being seen across all age groups as you can see in the figure in the top right. We're seeing this consistently for patients aged 65 all the way up to patients greater than 90 years of age. And I would say that the highest rates and increase in the prevalence of atrial fibrillation are really being seen in those patients that are over age 80. And so again, what this is telling us is that these are patients that we need to be paying attention to in terms of screening, because we know these patients have higher rates of atrial fibrillation. Probably, some portion of this increase in prevalence that we're seeing is just better identification, and there's still significant under-identification of these patients. And so, we need to be thinking about more comprehensive screening, at least doing pulse checks when we're seeing these patients in clinic. There may be specific high-risk populations that single-lead ECG screening or ECG screening is going to be beneficial in. And similarly, we're seeing that by different sex there's consistent increase in the prevalence of atrial fibrillation. There's still higher rates of atrial fibrillation in male patients relative to female patients, but still we're seeing an increase in prevalence across both sexes.

Again, very similarly, consistent findings, we're seeing higher rates of atrial fibrillation across all races. And certainly, I would say that they're even higher rates of increase in prevalence in black patients relative to white patients in terms of a percentage and a proportional change. But again, we're seeing those increased rates across all patients. And again, this is specific to Medicare patients in the United States. So again, the US Preventative Task Force has recommended not doing routine EKG screening, and that's for a variety of reasons, but we really do want to make sure that we're identifying the patients that have atrial fibrillation, and we're concerned about the fact that there is not enough screening and that there's underdiagnosis. And so, again, I'd emphasize, especially in these higher risk patient populations, particularly patients over the age of 80, doing more frequent pulse checks and potentially even doing single-lead ECG screening in those patients.

When we look across the world, you know, it's interesting because I think historically, we've thought of atrial fibrillation as a disease state that we see more commonly in the United States. But really what the data shows us, and what we're showing here in this figure is that the highest prevalence of atrial fibrillation is really in Southeast Asia. And there are, again, similarly high prevalences of atrial fibrillation in pockets of Africa, in pockets of the United States. But really, again, this is a global disease, and there are high prevalence rates of atrial fibrillation across the world, and again, very likely higher rates of underdiagnosis in some of these low- and middle-income countries. And so particularly in low- and middle-income areas, making sure that we're screening patients appropriately and identifying them for atrial fibrillation. We know that this is a disease that affects patients globally, and it's a major public health concern.

So again, thanks so much for joining me for this discussion and make sure that we're identifying and screening our patients appropriately for atrial fibrillation.

Announcer:

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