
Risk Of Delayed Diagnosis For NVAF Patients



The results of the European analysis of a global cardiology survey highlight the fact that, despite an increase in the number of non-valvular atrial fibrillation (NVAF) patients compared to five years ago, 97 percent of cardiologists believe that there is still a delay in patients reaching diagnosis.

The findings of the survey were released during the AF Aware Week and highlight the importance of patients recognising the signs and symptoms of stroke. A common sign of AF2 is an acute stroke. More than half of European cardiologists believe that education is the most important type of support an NVAF patient can receive.

The survey was conducted by Harris Poll on behalf of the Heart Rhythm Society and Daiichi Sankyo. It involved 1,100 cardiologists from seven countries including France, Germany, Spain and the UK.

According to 83 percent of the cardiologists who participated in the survey, the primary reason for the potential delay in diagnosis is that patients did not seek treatment because they are asymptomatic. Other possible reasons for the delay include low patient and physician awareness of NVAF, and confusion about the different types of NVAF (paroxysmal, persistent, long-standing persistent and permanent) and how they can be diagnosed.

"It is important to note that while cardiologists are recognising the individual nature of patients and delivering bespoke treatment plans according to their needs, it is taking too long for patients to reach this diagnosis," said Professor A. John Camm, Professor of Clinical Cardiology at St Georges University of London and Fellow of the Heart Rhythm Society. "This means that patients are not receiving important treatment soon enough and are being put at an increased risk of other complications such as stroke, with potentially fatal implications."

The survey also found that 50 percent of the European cardiologists believe that there is no such thing as a "typical" NVAF patient. 86 percent recognised the diversity of patients and highlighted the need to focus on individual patient characteristics and co-morbidities. Stroke is a major co-morbidity and a source of significant concern.

With respect to choosing a treatment for stroke prevention, it was revealed that multiple factors including patient risk of bleeding, patient compliance, patient relevant co-morbid conditions and patient preferences played important roles. Approximately 68 percent of cardiologists noted that a high bleeding risk was a major reason why some patients were not prescribed oral anticoagulation therapy for stroke prevention. 87 percent of cardiologists agreed that patients need better education regarding the risks of stroke associated with NVAF.

Overall, the findings of this survey reveal that despite advancement in management, there are still delays in diagnosis which should be addressed to improve patient outcome.

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