The New Millennium Epidemic of Atrial Fibrillation

Get smart about AFIB

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.[2]

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[1]
- By 2030, the number of people with AF is projected to increase by up to 70%[2]
- Europe will have the greatest number of AF patients compared with other regions by 2050[3]

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[3]

65+

Nearly 8 out of 10 ADULTS
suffering from (or diagnosed with) AF or Atrial Flutter are 65 years old or older[1]

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[5]
- AF increases a patient's risk of life-threatening events and conditions, including stroke, heart failure and death.[6]
- Up to 20% of all strokes occur in AF patients[2, 6]

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[2,7-9]
- These symptoms can impact significantly on a patient's quality of life

19% IMPAIRMENT IN FUNCTIONAL STATUS*[10-11]

25% DISRUPTION TO DAILY ACTIVITIES†[10-11]

UP TO 47% REDUCTION IN QUALITY OF LIFE‡[10-11]

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[12-16]
- By 2030 the number of stroke events and medical visits associated with AF is expected to increase

280,000-340,000 NEW ISCHEMIC STROKES[2]

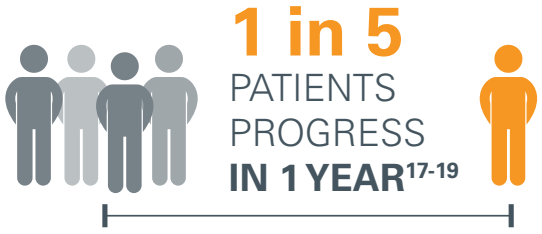
3.4-4 MILLION HOSPITALISATIONS[2]

100-120 MILLION OUTPATIENT VISITS[2]

Early detection is key

AF is a progressive disease that becomes more difficult to manage the longer it persists[9]

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



Tackling the rising challenge of AF

Get Smart about Screening	Help Patients Get Smart about AF [replace with local name of campaign]
Approximately 15-30% of AF patients may experience no symptoms at all, known as 'Silent AF' Guidelines recommend:[4]	45% of patients don't believe AF can be life-threatening.[20] You can:
✔ Opportunistic screening (e.g. during routine blood pressure monitoring) for people over 65 years by pulse taking or through an ECG test[7]	✔ Educate patients about AF and the risk of serious complications
✔ Systematic screening of patients at high risk of stroke to identify those who would benefit from prophylactic anticoagulation therapy[4]	✔ 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.

For MORE INFORMATION related to Atrial Fibrillation, please visit **GETSMARTABOUTAFIB.EU**

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Get Smart About AFib is a campaign spearheaded by Biosense Webster, a division of Johnson & Johnson Medical NV/SA.

TREATING ATRIAL FIBRILLATION (AF)

Millions of Europeans suffering from 'new millennium epidemic' may be missing out on life-saving procedure

WHAT IS AF?

Atrial fibrillation (AF) is characterized by an irregular and often fast heart rhythm that results in uncoordinated contraction of the top 2 chambers of the heart (the atria)[1]

11 million people affected across Europe[2]

AF increases the risk of other **potentially fatal conditions**[3]

5x Increase heart failure

2.4x Increase stroke

2x Increase cardiovascular mortality

The seriousness of AF is critically misunderstood:

45% OF PATIENTS mistakenly believe it is not a life-threatening condition[4]

The latest guidelines recommend an integrated management strategy to:[5,6]

- Reduce mortality
- Tailor management to patient preferences
- Reduce hospitalizations

TREATMENT

Treatment focuses on managing irregular heart rhythm, improving symptoms and reducing complications, with the aim of improving life expectancy and quality of life[5]

Patients should have a principal role in making decisions regarding their care, informed by a multidisciplinary team of:[5]

- Cardiologists
- Electrophysiologists
- Non-specialist healthcare professionals: primary care physicians, registered nurses, etc
- Allied health professionals: dietitians, medical technologists, etc

TREATMENT PATHWAY[5]

- Management of **underlying cardiovascular risk factors** and **reducing stroke risk** to improve life expectancy and quality of life
- **Medical procedures** (e.g. electrical or pharmaceutical cardioversion) that restore a normal heart rhythm when the patient is experiencing an AF episode
- **Rate control therapies** to control the heart rate
- **Rhythm control therapies**, including antiarrhythmic drugs (AADs) and catheter ablation, to maintain normal sinus rhythm for the long-term

SPOTLIGHT:

Rhythm control therapies – management of AF over the long-term

DRUG THERAPY TREATMENT (AADS)

AADs act to suppress the firing of, or depress the transmission of abnormal electrical signals which cause arrhythmia[5]

Examples: Sodium channel blockers (disopyramide, quinidine, flecainide, propafenone) and potassium channel blockers (amiodarone, dronedarone, dofetilide, sotalol)[5]

CATHETER ABLATION

Interventional procedure to create small scars on targeted parts of heart tissue that block the abnormal electrical signals causing the arrhythmia[5-6]

EFFICACY

33%-56% of patients **ARE IN NORMAL SINUS RHYTHM AT 1 YEAR**[7]

UP TO 94% of patients are **FREE FROM ARRHYTHMIA RECURRENCE AT 1 YEAR**[8-17]

MAY NORMALIZE RATES of mortality, stroke and dementia **TO THAT OF PATIENTS WITHOUT AF**[18]

QUALITY OF LIFE

UP to 18% of patients **IMPROVEMENT IN QUALITY OF LIFE**[19]

UP to 37% of patients **IMPROVEMENT IN QUALITY OF LIFE**[20]

ADVERSE EVENTS/COMPLICATIONS

12%-19% of patients **WITHDRAW FROM TREATMENT DUE TO ADVERSE EVENTS**[7]

UP TO 46% lower chance of **DEATH, STROKE, CARDIAC ARREST AND CARDIOVASCULAR HOSPITALIZATION OVER 7 YEARS**[21,22]

COSTS

LOW INITIAL COSTS however **CUMULATIVE COSTS** can rise over time

with costs increasing to **UP TO 28% ANNUALLY** over 9 years[23-26]

PROJECTING COSTS TO 10 YEARS AFTER ABLATION **CATHETER ABLATION** was associated with a **35% SAVINGS**[26]

Patients with **paroxysmal (intermittent) AF**
ARE ALMOST 10X LESS LIKELY TO PROGRESS TO PERSISTENT AF,
if treated with catheter ablation,
than those treated with AADs
(HR 0.11; 95% CI 0.025-0.483; p=0.0034[27])

Catheter ablation is more clinically effective and cost effective compared to drug therapy for the treatment of patients with AF[7,19,28-31]

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A copy of the full report can be downloaded from https://getsmartaboutafib.net/en-EMEA/home

125888-191019 EMEA

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