

**Benefits of active involvement of community pharmacists in know your pulse awareness campaign**

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**Background:** Atrial fibrillation is the most common cardiac arrhythmia globally, responsible for one third of strokes, and often resulting in death or incapacity. This condition, frequently asymptomatic, is estimated to be up to 50% undiagnosed. Reducing this risk with appropriate detection and management strategies offers substantial economic and patient benefits. The International Pharmacist for Anticoagulation Care Taskforce- [iPACT] created a partnership with the Atrial Fibrillation Association (AFA) to test a model whereby pharmacists are actively involved in opportunistic screening for AF initially in all ages as a proof of concept.

**Purpose:** To assess the feasibility of pharmacists implementing pulse checks in community pharmacy to enable identification of new cases of AF and subsequent initiation of anticoagulation.

**Methods:** This initiative was tested in 5 iPACT member countries during global AF aware week (21–27th November 2016): Canada, New Zealand, Portugal, Spain, and UK. Materials (posters and leaflets) and training on pathophysiology of AF and demonstration of pulse taking was presented to all centres prior to taking part in the campaign. Any person walking into a community pharmacy over 18 years of age was offered a free pulse check. For any irregularity detected, individualised counselling was offered with a referral made to local family physician and recommendation that if AF was confirmed, anticoagulation should be offered in accordance with international guidelines. Written patient consent was obtained with ethics approval sought in countries requiring it.

**Results:** 1717 people were recruited from 56 pharmacies with an average age of 62.2±15.5 years; median of 63 years, 793 (46.2%) were 65 years or older; and 1037 (60.4%) being female. Individual country recruitment ranged from 58 to 868 with the average community pharmacy recruiting 30 people. 77 (4.5%) people were referred following an irregular pulse of which 24 (1.4%) had confirmed diagnosis within 30 day follow up with 10 (0.6%) unconfirmed, all of whom received anticoagulation in accordance with guideline recommendations.

**Conclusion:** ESC guidance recommends opportunistic screening for AF by pulse taking or ECG rhythm strip in patients >65 years of age and this was the largest multi-country “Know Your Pulse” campaign since the creation of the concept by AFA in 2008. Our data albeit with a slightly lower age is synonymous with meta-analyses identifying 1.4% of those aged 65 or older on a single time point check for presence of AF. Community pharmacies are ideally located to support awareness campaigns and in the case of atrial fibrillation,

early detection. Asymptomatic AF is common, unfortunately, pulse taking is not commonly performed in general practice, and so an irregular pulse will go undetected. If every pharmacy worldwide screened 100 people, pharmacists could make a major contribution to addressing undiagnosed AF.