

Know your pulse awareness campaign: involving pharmacists for greater outreach

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Background Evidence suggests that up to 1/3 of stroke-related deaths are attributable to atrial fibrillation (AF). This condition, frequently asymptomatic, is estimated to be 50% undiagnosed. Worldwide ageing of the population will impact on the prevalence of heart rhythm disorders, suggesting the need for awareness raising. The Arrhythmia Alliance annually develops an awareness campaign aiming to contribute to improve public awareness, including teaching individuals to check their own pulse rhythm. This year, iPACT created a partnership with the Atrial Fibrillation Association (AFA) to test a model where pharmacists became actively involved in pulse check.

Purpose To educate people in London about AF and how to undertake manual pulse check; and to screen for undiagnosed AF.

Method This initiative was tested in 5 countries: Canada, New Zealand, Portugal, Spain, and the UK. This abstract describes preliminary data from the UK. A one day event was held at Southwark council premises. Led by the primary care pharmacist, this event allowed opportunistic education about AF, using standardised material developed by AFA/iPACT, including provision of an information leaflet. The trained primary care pharmacist demonstrated how to undertake manual pulse checks, and screened individuals using a single lead handheld (AliveCor) AF detection device. Data collected and analysed included individuals' demographics, heart rate, heart rhythm and when appropriate, a referral to the physician.

Findings A total of 182 people were screened and educated on manual pulse checks. The average age was 47 years {21-72}; the majority were female (n=105; 58%). The average heart rate at point of screening was 79 bpm {51-128}. The vast majority had a normal rhythm at point of screening (n=173; 95%). However, 2 individuals had possible AF (1%) and their ECGs were forwarded to their e-mails to allow them to take the result to their physician. An additional individual had possible AF on first reading from AliveCor; but when repeated twice, the results were normal, hence not referred. All individuals with unclassified readings after repeating (n=6; 3%) were referred to the physician.

Conclusion The rate of detection was in the range 1-2%, confirming previous studies. If every pharmacy worldwide screened 100 people, pharmacists could make a major contribution to addressing undiagnosed AF. To achieve this, community pharmacy workforce will require adequate training on AF and on performing manual pulse checks and using detection devices. In 2017, we intend to involve more countries, so please contact us if you wish to join.