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Mass media campaign to improve poor diagnosis and poor medical adherence in atrial fibrillation

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Atrial fibrillation (AF) is the most common cardiac rhythm disorder and affects mainly older people. Poor diagnosis of AF: Large registries (Gloria-AF) have clearly shown that about two-third of patients in Western Europe with newly diagnostic non valvular AF are detected asymptomatic/minimally symptomatic. The rate of previous stroke in these patients is more than twice as high as in symptomatic patients, despite no difference in CHA₂DS₂-VASc-Score. This may be explained by a longer but subclinical and therefore undiagnosed AF history. Poor medical adherence: poor medication adherence is the second most important factor underlying strokes in patients with atrial fibrillation. Various major studies have demonstrated that less than half of AF-patients are treated with guideline antithrombotic medication. Mass media campaign: these results underline the importance for both: public programs to detect non-valvular AF in the older population but also public education programs that should focus on patients' poor understanding of the importance for sustained antithrombotic medication adherence to prevent stroke. The ARENA study includes a longstanding mass media campaign over one year to improve diagnosis and medical adherence in atrial fibrillation. Actually over 10.000 AF-patients are documented and first results will be presented at this meeting.

Recent Publications

1. Puls Miriam, Lubos Edith, Boekstegers Peter, Bardeleben Ralph Stephan von, Ouarrak Taoufik, Butter Christian, et al., (2016) One-year outcomes and predictors of mortality after MitraClip therapy in contemporary clinical practice: results from the German transcatheter mitral valve interventions registry. *Eur Heart J* 37(8):703–712.
2. Schmidt Martin, Dorwarth Uwe, Andresen Dietrich, Brachmann Johannes, et al., (2016) German ablation registry: cryoballoon vs. radiofrequency ablation in paroxysmal atrial fibrillation-one-year outcome data. *Heart Rhythm* 13(4):836–844.
3. Zylla Maura M, Brachmann Johannes, Lewalter Thorsten, Hoffmann Ellen, Kuck Karl-Heinz et al., (2016) Sex-related outcome of atrial fibrillation ablation - insights from the German ablation registry. *Heart Rhythm* 13(9):1837–1844.
4. Brachmann Johannes, Lewalter Thorsten, Kuck Karl-Heinz, et al., (2017) Long-term symptom improvement and patient satisfaction following catheter ablation of supraventricular tachycardia: insights from the German ablation registry. *Eur Heart J* 38(17):1317–1326.

Biography

Jochen Senges is the Director of the Institute of Herzinfarktforschung Ludwigshafen. He completed his Medical School at University of Heidelberg, Berlin and Frankfurt 1961-1966; Medical Diploma at University of Heidelberg in 1966; Board certification in Internal Medicine in 1974. He was a Senior Staff Physician in Department of Cardiology, University of Heidelberg. He completed his PhD in Medicine with a neurophysiologic dissertation at University of Heidelberg in 1967 and; was a Research Fellow at Stanford University, California, USA in 1969. His main research topic is Cardiac Arrhythmias. He was an Associate Professor of the Medical Faculty, University of Heidelberg in 1981.

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