

New Year, New NICE AF Guidelines

In the face of a rise of at least 20% in detection of AF over the past five years, the January 2014 draft NICE AF Guideline on the management of AF is due for final release in June 2014, and comes as welcome news.

The draft guideline recommends:

- Early detection and opportunistic screening for AF to protect AF sufferers from risks and treat for symptoms to restore wellbeing and maintain health.
- Patient education and access to information and discussion so that undiagnosed AF is revealed.
- Referral to an AF specialist if therapy has not made a difference within four weeks of diagnosis.
- Consideration of treatment options such as ablation early on, where AF is symptomatic.
- Adoption of CHA₂DS₂-VASc to assess AF-related stroke risk and HAS-BLED to assess bleeding risks.
- Anticoagulation (not antiplatelet) therapy for reducing the risk of AF-related stroke in patients assessed with increased risk.

Leading AF expert Professor Richard Schilling explains that ignoring AF, particularly in older patients, diabetics and people with high blood pressure, could have serious health implications. A proactive approach also leads to massive cost savings for the NHS. He says that taking anticoagulation minimises the risk of a disabling or even fatal AF-related stroke.

He goes on: "It is estimated that 5,000 strokes and 2,000 premature deaths could be avoided every year through effective detection and protection with anticoagulation".

Glyn Davies MP (Montgomeryshire), Chair of the All Party Parliamentary Group on AF (APGAF) said: "As an AF sufferer myself, I know firsthand the importance of

early diagnosis and correct, effective treatment." He says that there is an urgent need for people to be taking their pulse to detect AF, and getting an official diagnosis so that they can be offered treatment to reduce their risk of AF-related stroke.



"The updated NICE guidance is positive news. It is imperative that all patients are assessed and reviewed for both risk and symptoms so that they can access appropriate, effective treatment. We are delighted that our ongoing 'Detect and Protect' and 'Know Your Pulse' campaigns have supported greater awareness, understanding of AF and ultimately implementation of effective practice, management and support for all those affected by or living with AF."

Trudie Lobban MBE FRCP Edin,
AF Association Founder and CEO



INSIDE



▶ **Self-monitoring**
– Pg 6



▶ **My atrial fibrillation**
– Pg 7



▶ **Life after diagnosis**
– Pg 9

Welcome!

2013 was a fantastic year for AF Association. Our tireless CEO and Founder Trudie Lobban MBE has received further recognition for her achievements. She has been awarded a Fellowship of the Royal College of Physicians in Edinburgh for her contribution to raising awareness of arrhythmias at home and abroad, within the medical fraternity, pharmaceutical industry and parliament.

Patient Day in October 2013 was as popular as ever. Patients and carers were able to take the opportunity to share experiences of AF amongst themselves and to ask the opinions of top cardiologists and experts who took time out of their schedules to give informative presentations.

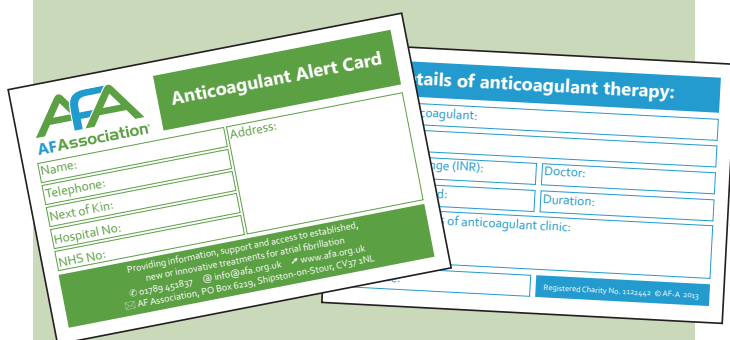
AF Aware Week was launched in November 2013, and this event highlighted AF Association's Detect and Protect campaign on an international stage. The aims were to raise awareness of pulse checks and the need for ECG screening for detection of AF, and to educate

people on the important role of anticoagulation in protecting against AF-related stroke and its debilitating effects.

AF Association has been proud to support US Corporation AliveCor in providing free mobile phone ECG monitors to our members. AliveCor are using the data received from these monitors to increase understanding of atrial fibrillation. The research will be used to inform future treatments for people suffering with AF. Another benefit of these monitors has been to confirm AF in some, and this in turn has led to their diagnosis, treatment and medication.

With your support and with guidance from members of our Medical Advisory Committee and our Patient and Medical Review Panels, we continue to provide quality literature on AF and advice on our helpline. We receive no funding from the National Lottery fund or from Government, and we are reliant on generous donations from the public. We would like to extend heartfelt thanks to our members for their messages of support and encouragement, and generous donations.

Patient Services Team



New Anticoagulant Alert Card

Are you taking an anticoagulant or about to start on one? AF Association has designed its own double sided anticoagulant alert card that you can carry on you whichever anticoagulant you are taking. The card has space for personal details and vital medical information, and can be carried with you in case of emergency.

To order yours, please call 01789 451837 or email: vicki@afa.org.uk



Vicki and Chris

Editor:

Jo Jerrome (Deputy CEO, AF Association)

Content conception and composition:

Vicki Hill; Chris Welford

Design and print:

Prontaprint, Stratford-upon-Avon

AF Association wishes to thank all the patients and clinicians who have contributed to this newsletter, and those who have facilitated its production.

© Copyright 2014

Revolutionary pacemaker implanted

In January, the world's first retrievable leadless pacemaker was implanted at St. Bartholomew's Hospital in London by Professor Richard Schilling.

The Nanostim™ leadless pacemaker is designed to be placed directly in the heart without the visible surgical pocket, scar and insulated leads required for conventional pacemakers. The device offers a less invasive approach for physicians compared to traditional pacemaker procedures. The device is designed to be fully retrievable so that it can be readily repositioned throughout the implant procedure and later retrieved if necessary.

"Nanostim™ is one of the most significant advancements in cardiology and pacemaker technology."

**Professor Richard Schilling,
Consultant Cardiologist and Electrophysiologist,
St Bartholomew's Hospital, London**

This miniature pacemaker offers the potential for reduced complications like infection and aesthetic benefits over conventional pacemakers, in addition to quicker recovery times.

Nanostim™ is less than a tenth of the size of a conventional pacemaker. The small size of the device and lack of a surgical pocket, coupled with the exclusion of a lead, improves patient comfort and can reduce complications, including device pocket-related



infection and lead failure. The elimination of the visible lump and scar at a conventional pacemaker's implant site, in addition to the removal of patient activity restrictions that may prevent the dislodgement or damage to a conventional lead, will potentially improve the quality of life for patients with this technology by allowing most to continue living active, uninhibited lifestyles.

Total implant procedure time is around half an hour. Even with miniaturisation, the device battery is expected to have an average lifespan of more than nine years at 100% pacing, or more than 13 years at 50% pacing.

The Nanostim™ leadless pacemaker recently received "CE Mark" approval and will be rolled out in the UK in the coming months.

Save the date!

**Heart Rhythm Week,
2-8 June 2014**



We are celebrating ten years of progress in arrhythmia care alongside our sister charity Arrhythmia Alliance (A-A). When A-A was founded in 2004 it opened a new chapter on Arrhythmias and Sudden Cardiac Death in the National Service Framework.

Before 2004 there were no guidelines for the treatment or care of people affected by heart rhythm disorders,

including atrial fibrillation. Since then, we have strived to promote proper diagnosis and appropriate treatment of arrhythmias, informed by our contact with patients. Heart Rhythm Week 2014 will celebrate the amazing progress that has been made in the field of devices, medication, resources (arrhythmia nurses, electrophysiologists and heart rhythm clinics), and policy guidelines for care. We will also be raising awareness of AF in the media.

If you would like to share your experience of a new device, medication or treatment for AF, you have been treated and cared for at a new heart centre, or to find out how you can get involved in Heart Rhythm Week, please email andrew@afa.org.uk or telephone 01789 520 311.

Introducing the Reveal Linq™ ICM



A new implantable cardiac monitor (ICM) has been developed for people who are seeking answers about episodes of palpitations which have not been picked up by conventional diagnostic tests. The first implantation took place earlier this year.

Isolated ectopic beats and short lived episodes of palpitations are not serious, but if you have frequent or long lasting episodes of palpitations, these may indicate an underlying arrhythmia. Sometimes, however, arrhythmias can elude diagnostic tests. You may suspect that you have AF, but clinicians may be difficult to convince if they cannot confirm a diagnosis of their own through tests such as an ECG or a 24 hour monitor.

"It was fantastic to be the first in the UK to implant the new device. From my perspective it was a much simpler and quicker procedure and it was very easy to do."

Dr Nick Linker, Consultant Cardiologist, James Cook Hospital, Middlesbrough

If AF is ignored, it can have serious or even fatal consequences. A doctor who is unable to diagnose the cause of your symptoms may consider an insertable cardiac monitor or loop recorder.

Implantable loop recorders (ILRs) record on a continuous loop for up to three years. Conventional ILRs are the size of a USB stick. They are placed under the skin on the left hand side of a patient's chest and they capture the ongoing activity of the heart.

The Reveal Linq™ is a diagnostic tool that will monitor the heart's electrical activity, record any irregular episodes, and send them automatically to a heart rhythm specialist at a designated hospital. This clinician would assess the information and identify the cause of the symptoms. This device offers the same benefits as a traditional ILR but is a tenth of the size. It is more comfortable and much less noticeable under the skin.

As the Reveal Linq™ ICM is so much smaller and easier to implant, it is intended that the procedure could be performed in a treatment room rather than a theatre setting. Implanting the device requires an incision of less than 1cm which can then be closed easily with medical adhesive, a thin adhesive strip or a single suture.

Fitting Reveal Linq™ will take just a few minutes, with positive implications for waiting lists. In some cases the procedure could be undertaken on first attendance at a clinic, saving delay in reaching a diagnosis and the inconvenience of repeat visits.

There would be no need to use a separate device to record an episode as the ICM is remotely monitored, wirelessly, through a receiver in your house. Any unusual heart activity will be transmitted via a 3G signal to a secure system which will alert a heart rhythm specialist. You would then be contacted if necessary. Inevitably this will provide more peace of mind for a patient.

Reveal Linq™ can be removed easily once it has confirmed whether or not there is an arrhythmia.



Dr Nick Linker

Westminster Hall debate on AF



AF Association is delighted that atrial fibrillation has been the topic of a debate in parliament.

On Wednesday 12th March, MPs from across the country took part in a debate on AF that focused on many of the problems facing AF patients.

Leading the debate, Barry Sheerman MP, outlined how AF sufferers are being denied access to appropriate treatments by Clinical Commissioning Groups and GPs, despite a new generation of drugs being recommended for use by NICE. Mr Sheerman said it was scandal that over a third of AF patients are prescribed aspirin when more effective oral-anticoagulant treatments are available, and noted that some eight percent of sufferers were currently undiagnosed and untreated.

"... some eight percent currently undiagnosed and untreated."

Glyn Davies MP, Chair of the All-Party Parliamentary Group on Atrial Fibrillation (APGAF), stressed the benefits of novel-oral anticoagulants and pushed for their greater use. He said that it was "a bit of a disgrace that aspirin is still being prescribed".

Mr Sheerman said that many GPs did not understand the different treatments for AF and their effectiveness, and added that "if we really want to wreck the National Health Service, we should not treat people with AF properly. They will have a stroke and end up in long-term care, making great use of hospital beds and highly qualified medical staff".

"If we really want to wreck the National Health Service, we should not treat people with AF properly. They will have a stroke and end up in long-term care, making great use of hospital beds and highly qualified medical staff."

Mr Sheerman called on a Government minister to take the lead in ensuring patients' access to appropriate treatments. Dr Dan Poulter MP responded by pledging that he would be write to NHS England, to raise the matter and ask them to contact CCGs to impress on them the need to implement NICE guidelines.

Dr Poulter stated that NICE must continue to develop strong guidelines to support understanding of the best care and pathways for people who have AF. He confirmed that NICE was updating guidelines at the moment and developing a quality standard on AF, which is due to be published in June 2014.



Please go to www.afa.org.uk where you will find links to watch the debate or read the full transcript.

The All Party Parliamentary Group on AF (APGAF) highlights AF-related issues and champions awareness of AF from within parliament. It looks at ways we can improve the treatment and diagnosis of AF and help prevent AF-related stroke so that AF can be tackled at national policymaking level.

Self-monitoring for AF patients on warfarin



Dr Matt Fay is a GP with a special interest in AF. Here he answers questions about self-monitoring and its place in the NHS.

What's involved?

People on warfarin therapy need regular tests to ensure their INR levels are within range so that their dose balances AF-related stroke risk with any risk of bleeding. If the patient is on warfarin just for AF, the upper INR level is 3.0, but if they have metallic heart valves, it could be up to 4.5.

Nowadays, technology allows people to check their own INR levels using a pinprick test and a testing machine, releasing them from attending a warfarin clinic. Patients need to be trained how to use the machine and how to act on the result. Eventually people 'self-monitor' by checking their own blood test and then contacting the anticoagulation clinic who tells them what the results mean for them. In this way people become skilled at interpreting INR results and managing their warfarin dose.

Should self-monitoring be a choice?

Yes, I would like to see the choice of self-monitoring become more widely available. Clearly the anticoagulation clinic or GP needs to be able to train and support people who self-monitor.

Why do you think some healthcare professionals support it and others don't?

All clinicians have different levels of skill and expertise. Areas where self-monitoring is available are characterised by having clinicians passionate about anticoagulation, training and support. Their greater interest in self-monitoring leads to better experience and the ability to deal with issues if they arise at a distance.

Many clinicians are keen for their patients to be managed in this way, but local systems within the NHS may mean that they have been unable to offer



these treatment options. Some are lobbying the NHS to try to improve this situation.

What are the benefits?

People with AF are at increased risk of stroke, and anticoagulation is one of the most effective ways of reducing this risk. I find that many people, when offered the options of warfarin or the newer anticoagulants, are reassured by warfarin's track record but find the need to attend clinics too demanding. Self-monitoring liberates warfarin therapy from the clinic setting, allowing people a greater degree of autonomy.

There are obvious benefits for people who travel frequently or have difficulty in attending regular anticoagulation clinics. Also, the ability for people to check INR levels as often as they wish offers peace of mind.

It's a matter of trust

Self-monitoring requires trust from clinician and patient alike. The patient has to be trusted to test themselves when required, do this properly, and give accurate information to the clinic to ensure they dose correctly. The clinic has to be trusted to support the patient while they are learning how to self-monitor, especially if any problems arise. Warfarin is a challenging medication: Its safety and the safety of self-monitoring depends on the level of expertise the patient is able to demonstrate to their clinician and to their local clinic.

My atrial fibrillation

Everyone is different!

One man's meat is another man's poison, so the saying goes, and the same is true for people with AF. Triggers for AF are almost as many as there are AF sufferers. That said, often there may be no obvious trigger at all.

We hear from some members who have found that caffeine, alcohol and nicotine seem to be stimulants to trigger an AF event for them. For some people, but by no means all, here are some other triggers members have highlighted as problems for them. Keeping a simple diary of your day, sleep, stress and food patterns can help to highlight possible triggers individual to you, and so help you to adapt some parts of your own lifestyle.



- **Physical triggers:** Strenuous physical exertion or exercise, lying on one side, dehydration, sleep apnoea, fatigue or illness can bring on an episode.
- **Psychological triggers:** Stress, anxiety and emotional trauma.
- **Medication:** Off the shelf cold and 'flu medications and 'natural' remedies. Paradoxically, too high a dose of anti-arrhythmic medication can trigger an episode (in which case, ask for a medication review but do not change your dose without your doctor's knowledge).
- **Dietary triggers:** Eating large meals, especially in the evening; chocolate, curry or spicy food. A substance called tyramine found in the following food groups:

Food group	Specific foods containing tyramine
Meat	most pork (except cured ham), processed meat
Dairy	most cheeses, sour cream, yoghurt (except soft cheeses like ricotta, cottage cheese, cream cheese)
Pickles and sauces	shrimp paste, soy sauce, teriyaki sauce, sauerkraut
Fruit	bananas, pineapple, aubergine, figs, red plums, raspberries
Beans and nuts	broad beans, green bean pods, romano beans, tempeh (= soya loaf), peanuts, brazil nuts, coconuts

Key questions to ask your clinicians

If you have been diagnosed with atrial fibrillation, here are some topics that you may wish to raise.

Causes of AF

- What is the cause of my atrial fibrillation? Do I need treatment for the causes and will it stop the AF?
- Is there anything I can do to stop it or reduce the episodes?

Lifestyle

- Can I exercise safely? What exercises will be most beneficial to me?
- Do I need to change my diet? Are there certain foods or drinks I should avoid?
- What do I need to tell the DVLA & insurance companies?
- How will taking an anticoagulant affect my lifestyle, work or other commitments?

Medication

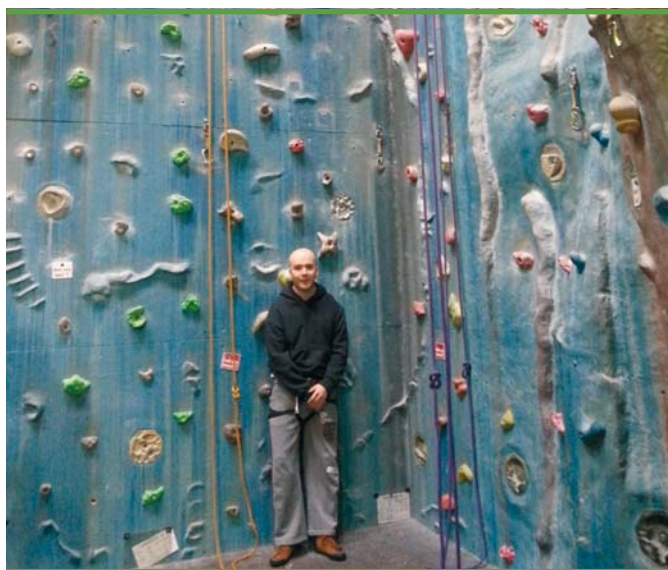
- Do I need to take an anticoagulant? Which anticoagulant would be best for me – why is this?
- How will my atrial fibrillation drugs interact with my other existing medications?
- Are there any alternatives to the medications you are prescribing, and if so what are they? How can I be assessed for these?

Outlook

- What happens if I still feel unwell? When should I see or talk to my GP?
- If I feel very unwell I normally go to A&E. Is this the appropriate thing to do?
- Is there an operation to repair my heart and stop the AF?
- Should I consider cardioversion or a procedure such as ablation? What are the risks and benefits to the procedure?
- What should I expect during the recovery period?

Inspiring stories

Life after AF-related stroke



Chris Banting had two AF-related strokes when he was 29-years-old, the second being near fatal. This has affected the right side of his body, his memory, speech and behaviour. Here, he explains how AF affected him.

For about six months, every now and again my heart would race up to 220bpm, sometimes for a few minutes, sometimes for hours. I didn't go and see the GP about it, which was silly of me, but I just thought it would pass.

"I had two AF-related strokes in February 2010 – three days apart."

When I finally decided to see a GP, he referred me to a heart specialist in hospital, but before I saw him, I had two AF-related strokes in February 2010 – three days apart. The second was so severe that for two days it was touch and go.

The strokes damaged the left side of my brain so the right side of my body was affected, and it also affected my speech, memory and fatigue resistance. I have aphasia; a communication problem, so to begin with I could hardly speak a word and reading and writing was really difficult. My speech is very good now providing I have notes to read from.

I found out I had AF & atrial flutter after extensive tests. I've been in hospital many times with AF and had two ablations, a pacemaker fitted, and a cardioversion. Since January 2012, my heart has been steady and hopefully it will be steady for life. If it comes back, then I will go to the A&E department straight away! I'm still positive and still improving even now.

"I'm still positive and still improving even now."

I established a company called Inspired Mobility Limited, which sold disability goods on the Internet. It boosted my brain again and helped me with speaking on the phone to customers and suppliers. It was really good for a year but one thing I was missing was people – because it was just me and my laptop. I now work at Young Gloucestershire, a charity, and it's given me more confidence to do more things.

"I found out I had AF & atrial flutter after extensive tests."

I'm volunteering by doing admin and talking to other stroke survivors. I'm still doing arm exercises at home to strengthen my arm for everyday activities.

I can drive again as well. It's an automatic car with a gadget called a SmartSteer which fits onto the steering wheel, so I can steer my car with one hand. I've also got some medication to help me post-stroke – warfarin, beta-blockers and statins.

"My life now is very different, but I'm living it to the fullest."

I've set-up www.mystroke.co.uk to help other people who've had a stroke, their family or carers or people who want to find out more information.

My life now is very different, but I'm living it to the fullest – I've been skydiving, rock climbing (one-handed), kayaking, riding a bike and I even went to Las Vegas last summer!!

Read Chris's full story at www.afa.org.uk (on the 'Stories from the Heart' tab).

Diagnosed with AF – five marathons later and counting!



Stuart Colwill realised something wasn't quite right when he checked his pulse and found his heart racing. When he eventually was diagnosed with AF, he didn't let it de-motivate him from his passion for running!

My AF diagnosis five years ago at the age of 63 came as a total shock. I still remember the first moment very well; sitting and watching the early evening news on the television, and being suddenly aware of a strange feeling in my chest. My heart beat was irregular, a few quick beats followed by some normal ones and then irregular again. I spent the next month going around holding my left wrist with my right hand fingers. Sometimes the pulse was irregular, sometimes it was normal.

When it was obvious that it wasn't going to go away, I went to see my GP who carried out an ECG and diagnosed AF.

"I found it difficult to accept that I had anything wrong with my heart."

I was very fit and active, of normal weight, good diet and a non-smoker. I was doing everything right, so why me?

I was in shock for a while – would it mean changing

my lifestyle to something less active and, most importantly, would I still be able to care for my wife at home? She has Alzheimer's disease and I was, and still am, her principal carer. She lives at home and requires 24-hour one-to-one care. I needed to stay fit and well to look after her.

My GP sent me to a consultant who did a scan, monitored my heart whilst on a treadmill and fitted me with a heart monitor for a couple of days. The diagnosis was confirmed as being AF for which I was given medication – flecainide acetate and verapamil hydrochloride.

About the time of the diagnosis I had started training for the London marathon, my first one. I was afraid that the AF would put an end to my hopes but my consultant said that I could go ahead.

"I ran the London marathon in 4 hours 53 minutes."

Before the marathon I thought, like many first timers, that it would be my only one. After the event I realised that I would quite like to do another! And that started a love affair with distance running. Since then I have done four more (full marathons, all 26.2 miles of them) including New York last November.

My pulse is now regular and my blood pressure remains low. I continue to care for my wife at home. I run for the sheer pleasure of it, it keeps me fit and provides the break I need from being a carer.

AF is, of course, still with me. It always will be but the medication has it totally under control. I have not had any palpitations for a very long time. Through it all I have been determined to live life as though without AF. Long may that continue!

Read Stuart's full story at www.afa.org.uk (on the 'Stories from the Heart' tab).

Why not share your story?

We always welcome personal accounts from members about their experiences with AF. Stories are a wonderful source of inspiration and comfort for fellow AF-sufferers and they can make a huge difference to their lives. If you would like to contribute in this way, please email: vicki@afa.org.uk for information.

Blood thinning: Do I have a choice?

Since 2012, patients diagnosed with non-valvular AF have been able to consider a wider variety of anticoagulation options than has ever been available.

Many patients are established and very well managed on warfarin with no side effects. Their INR levels are well managed and stable. They may attend regular INR clinics, or self-monitor. Self-monitoring is becoming more popular, and it means that people taking warfarin do not have to attend anticoagulation clinics for routine blood tests, but they simply test themselves using a pinprick test and a machine which gives them their result. The patient then phones the anticoagulation clinic to receive advice on their dose.

However, newly diagnosed AF patients, those who have struggled with taking warfarin, or those who have had trouble maintaining stable INR levels, may not have been considered for self-monitoring. For these patients, the new era in oral anticoagulation is a welcome life-saving opportunity.

Exciting new options: The new oral anticoagulants (NOACs)

Since 2012, dabigatran, rivaroxaban and now apixaban have all been reviewed by NICE and given approval to be used as an option in the prevention of stroke in non-valvular AF. This means that they have been considered as safe and cost effective. They are at least as good as warfarin, and possibly superior. In total, during extensive trials, the three new options have been tested on more than 50,000 non-valvular AF patients globally.

NOACs act in a different way from warfarin independently of dietary vitamin K and INR levels. There are fewer drug interactions associated with them, and so they can be offered to more people, especially those who have to take medication for conditions alongside their AF.

So there's no antidote?

There has been much discussion and concern as to whether there is an effective 'antidote' for any of the new oral anticoagulants. If a person should have a severe bleed while taking warfarin, it is possible for clinicians to give vitamin K to help speed up the clotting of the blood, delayed by the effect of the warfarin. Warfarin takes two or three days to clear the body naturally and so it is very important to have an antidote should an emergency arise.

NOACs work differently from warfarin, and vitamin K is not an issue when taking them. The newer options leave the body quicker, typically between 8 and 14 hours (this is also why timing the dose is so important). It may be possible to reverse their action using blood plasmas, and specific antidotes are under development. The fact that their half life is so much less than that of warfarin means that a bleed would resolve much quicker as the drug worked itself out of the system. Extensive international trials comparing anticoagulants have not shown that the lack of an antidote resulted in more patients having life-threatening or fatal bleeding; in fact, serious events (e.g. bleeding in the brain) were less frequent than with warfarin.

The new NICE guidelines stress the importance of using anticoagulants rather than aspirin in reducing the risk of an AF-related stroke, which is welcome news. Having an informed discussion about your own risk and options for a suitable therapy is extremely important.

People for whom anticoagulants are considered dangerous, such as people prone to internal bleeding, may be suitable for a surgical alternative, 'transcatheter closure (or occlusion) of the left atrial appendage'. This addresses AF-related stroke risk by closing off an area of the heart where clots are most likely to form. So far, studies of this technique have shown a small risk of serious complications during the implant procedure, but very few problems after that.

AF Association offers fact sheets on all of the approved therapies mentioned above. Do call us for further information.



Getting social

AF Association's online community has continued to grow dramatically over the past year. Here are some of the topics you have been discussing:

AF and Statins

Why would my GP prescribe a statin as well as warfarin to treat my AF?

“ People with AF have a poorer general prognosis than the general population, even if you adjust for the terrible stroke consequence. The most prominent causes of mortality are due to cardiovascular disease. One of the best preventative interventions for cardiovascular disease (beyond lifestyle, smoking etc) are the statin family. ”



“I have been in contact with two sufferers of AF both of whom recommended this site most highly and were full of praise for the support they felt. So it's gone on my favourites list too!”

“Some of you may remember me posting recently about the trouble I was having getting anticoagulation. Well I wrote a fairly strong email to my cardiologist and a few days later he rang, said I was a clever girl and agreed to put me on anticoagulants. Yay!”



“ I take warfarin and have used the Bowel Cancer Screening Programme for a few years now. Last February I had two abnormal results and they recommended that I attend hospital for a colonoscopy, which I did. I was told to stop taking the warfarin five days before and my INR was checked just before I was taken into the endoscopy room. They found three polyps, two of which were removed during the procedure but the third polyp was dangerously large and the type which could have turned nasty so I had to return for another colonoscopy and have this removed. I would advise anybody who is entitled to use the screening programme to go ahead and use it, I'm certainly glad I did. ”

Bowel Cancer Screening

Is there an increased risk to bowel cancer screening when taking warfarin?

“ I have had two such screenings since being on warfarin with no problems I would say the risks of NOT doing it outweigh any possible risk from warfarin. ”



Join in the discussion on our forum: healthunlocked.com/afassociation



Internet shy? Join us at Patients Day! See insert sheet for more information.

Fundraising

Raising funds enables AF Association to maintain our helpline, resources and support services to patients and carers. Please support us, so we can continue to support you.

Support to win!

Feel free to join in with AF Association's annual raffle. Please find a book of tickets enclosed. Tickets are just £1 each and the draw takes place on Friday 13th June 2014. Simply complete the ticket stubs and return them to AF Association by Monday 9th June 2014! Additional raffle ticket books are available on request.

Support us by holding an event

Why not hold an event to fundraise? Special thanks to Colin Smith who organised a bake sale and raised a fantastic £104.13!

There are lots of other wonderful ways to continue to help us help you including:

- Holding a quiz night
- Auction of promises
- Organising a sponsored swim
- Having a cake sale
- Getting sponsored to give up something you love for a month and donating the proceeds



Personalised medical ID jewellery

You asked, so we found out! The ID Band Company produces personalised medical ID jewellery, which in an emergency could provide medical professionals with crucial knowledge on what the problem may be and how to treat you. Their range includes bracelets and necklaces for males and females, which can be inscribed with any wording you require. Have a look on their website or call 0845 269 4523 for a catalogue.

If you find the perfect thing for you, please give our code '990487' and the ID Band Company will donate 12% of what you spend back to AF Association. For more information please visit: www.theidbandco.com/Clubs?990487.

2014 Challenge events to diarise

11-12 July	Yorkshire Three Peaks Challenge
19 July	Great Manchester Swim
20 July	City of Birmingham Triathlon

For more information on taking part in one of these events, please email: info@afa.org.uk

Order a t-shirt or running vest

Why not order an AF Association running vest or t-shirt for your event?



T-shirts cost £5 plus £1.50 P&P

Running vests cost £12 plus £1.50 P&P

Please call 01789 451 837 to order yours today.

Support us by making a donation

No matter how big or small, your donation will make a difference! Please call 01789 451 837 if you wish to make a one-off donation over the phone or to donate regularly by standing order.

To make a one off donation by cheque, please make it payable to: AF Association and send to: PO Box 6219, Shipston-on-Stour, CV37 1NL.

Gift Aid it!

Please help AF Association make every penny count. Complete a Gift Aid form today and allow us to reclaim an extra 25p for every £1.00 donated. Please find a Gift Aid form on the insert sheet.

Sunday 5 October at The ICC, Birmingham, UK

Come along to AF Association's popular Patients Day!

Agenda topics include:

- Cardioversion: Short or long term solution?
- The potential influence of the vagus nerve in AF
- Improvements in the treatment of AF: Looking forward
- Catheter ablation: The recovery process and what to expect
- Atrial fibrillation and atrial flutter:
What are the differences? Can you have both?

Afternoon workshops and discussions will include:

- Anticoagulation
- Travelling with AF
- Complimentary and alternative therapies
- Psychological impact of an AF diagnosis



"Extremely informative. I'm so glad that I attended."

"I feel I've gained lots of valuable information and I'm better equipped for my next consultation and any further decisions I make about my treatment will be well informed."



For more information please email info@afa.org.uk or call +44 (0)1789 451 837

Please use the form below to register your interest.

Early bird registration for Patients Day is £20 (until 31st July 2014) and £30 thereafter. Registration on the day will cost £50.

Registration Form	
1st attendee details	2nd attendee details (if applicable)
Full name:	Full name:
I am: Patient <input type="checkbox"/> Carer <input type="checkbox"/> Other <input type="checkbox"/>	I am: Patient <input type="checkbox"/> Carer <input type="checkbox"/> Other <input type="checkbox"/>
If other please state:	If other please state:
Special requirements (please give details) Dietary <input type="checkbox"/> Access <input type="checkbox"/>	Special requirements (please give details) Dietary <input type="checkbox"/> Access <input type="checkbox"/>
Address:	
Postcode:	
Telephone:	Email:
Payment details - Please select your payment method below:	
Credit/debit card: Please call +44 (0) 1789 451 837 to pay over the phone <input type="checkbox"/>	
Cheque: Please make cheques payable to 'Atrial Fibrillation Association' <input type="checkbox"/>	
Please send your cheques to: AF Association, PO Box 6219, Shipston-on-Stour, Warwickshire, CV37 1NL.	

Subscribe to AF Association

Please support us to continue supporting you. An annual donation of £15 a year or £2 a month would help us to carry on making a difference. AF Association relies upon donations, fundraising and grants to continue or extend its work.

AFA provides to all supporters:

- ♥ Monthly e-news
- ♥ Bi-annual newsletter
- ♥ A dedicated telephone help line and email service
- ♥ Help in locating arrhythmia healthcare specialists
- ♥ Opportunity to attend patient meetings
- ♥ Free copies of our medically approved and Department of Health endorsed patient booklets and factsheets
- ♥ Campaigning to improve AF awareness, early detection and provision of effective management and support

I would like to know more about:

- Sharing my case story
- Volunteering & fundraising activities
- Joining the HeathUnlocked forum
- Reviewing patient literature
- Involvement in awareness activities (e.g. press and film interviews)

AF Association is a charity and receives no funding from the UK Lottery Fund or from the Government. If you would like to donate, you can do so over the phone, by cheque, or by logging on to the Just Giving website.

Please make cheques payable to 'AF Association'. If you pay UK Income Tax or Capital Gains Tax, the Government will give us 25% on top of your donation at no cost to you, if you complete the Gift Aid declaration below.

GIFT AID DECLARATION

Name of taxpayer: _____

Address & postcode: _____

- I would like AFA to treat all donations I make as Gift Aid donations from the date of this declaration until I notify you otherwise.
- I currently pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that AFA reclaims on my donations within the tax year.

Please note that full details of Gift Aid tax relief are available from your local tax office in Leaflet IR 65. If you pay tax at the higher rate, you can claim further tax relief in your Self-Assessment tax return. Please notify AF Association if you wish to cancel this declaration, change your name or home address, or you no longer pay sufficient tax on your income and/or Capital Gains Tax.

Signature _____ date _____

Update your details

If you have moved house or wish to update any other details, please fill out this form and return it to us.

Title and name		Telephone no	
I am	the patient the carer	Mobile no	
Date of birth		Diagnosis	
Ethnicity		Tests carried out	
Address		Devices & procedures	
		Medications	
Postcode		Cardiologist	
Email address		Hospital attended	

We would like to reassure you that no personal data with any third party outside AF Association and its sister charity, Arrhythmia Alliance. We comply strictly with the terms of the Data Protection Act 1998. If you no longer wish to receive information from AF Association or if you wish to remove your personal details from our database, please email or call AF Association.