

**Should there be regular testing of people with AF who are on medication to check that it is not causing other damage? What, if any, guidelines exist?**

There are widely publicised guidelines available for patients and clinicians from the manufacturers of drugs, from international regulators and from other organisations, such as NICE, providing guidance as to how patients might best be managed on medication. In addition there may be local synopsis guidance/shared care guidelines regarding the best use of particular drugs.

An established example is amiodarone for which periodic checks of thyroid and liver function are mandatory. Warfarin needs blood testing to regulate its anti-thrombotic efficacy and NOACS that are excreted through the kidneys require periodic checks of renal function. Again this should follow guidance and systems established locally and nationally.

It is important that patients try to familiarise themselves with the issues that might emerge from the drugs they are on. If they find that the monitoring they need is not being provided then they should highlight this to their medical advisors. In general terms, of course, no matter how hard people try there will always occasionally be times when a necessary test or observation has not been achieved at a particularly ideal time point. The whole team, including the patient need to work together and make sure things are done as best as they can be achieved.