Abstract: P1454

A telemonitoring service approved by the ministry of health for a large-scale screening of silent and symptomatic atrial fibrillation

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Introduction: despite good progress in the management of patients with atrial fibrillation (AF), this disease remains one of the major cause of stroke, heart failure, sudden death and cardiovascular morbidity. Screening for silent AF is recommended in high risk population, especially in elderly, but often it is not applied for the absence of medical prescriptions or long waiting times

Purpose: to evaluate the effectiveness of a remote monitoring through ECG Holter and 12-lead ECG provided by a network of pharmacies across the Country for the screening of AF

Methods: according to a Ministerial Decree, from 2010 authorized pharmacies may provide specialist outpatient care services. Health Telematic Network, in collaboration with our Cardiology University Department and Federfarma (National Association of Pharmacists), has installed in 4,008 authorized pharmacies across the Country a telematic network connected to a single Telemedicine platform where cardiologists were available for tele-consulting. In order to identify silent or symptomatic AF, 12-lead ECG and ECG Holter monitoring were performed in patients with episodes of palpitation, syncope or pre-syncope or with a history of AF. Informations regarding lenght of AF episodes, mean heart rate and anticoagulant therapy were collected

Results: From Jan 2017 to Dec 2018 a total of 31,156 ECG Holter monitoring were performed (46% male, mean age 61 years). Among these records, 2390 (8%) showed paroxysmal or persistent AF (53% male, mean age 77 ± 10 years). The lenght of AF episodes was greater of 6 minutes in 14% cases and mean heart rate was greater of 90 bpm in 406 patients (17%). History of AF was not previously known in 669 patients (28%). None of this subgroup of patients and only 18% of patients with known paroxysmal AF were taking anticoagulant therapy. In the same period 196,349 ECG were performed (mean age 78 years) and 17,088 have been carried out in patients aged 65 years or older. Among these group of patients, 831 records showed unknown AF (5%): 356 (43%) high ventricular rate AF, 385 (46%) medium ventricular rate AF and 90 (11%) low ventricular rate AF. All the patients with unknown AF episodes or with frequent high ventricular rate AF episodes were referred to their General Practitioner or Cardiologist for urgent evaluation and therapeutic management.

Conclusion: our data confirm the important role of a single telematic network in which health care services can be provided timely by authorized pharmacies across all the Country to promote early diagnosis and treatment of AF, then resulting in a likely positive impact on related cardiovascular events