

New CLAHRC research highlights a simple intervention that could improve detection of atrial fibrillation (AF) – a potentially dangerous heart condition affecting a million people in the UK and associated with 1 in 8 strokes (1 in 3 strokes among those aged over 80 years).

East London GP and CLAHRC researcher Dr John Robson led an investigation into the impact of regular pulse checks in general practice on AF detection among patients aged 65 and over. This work, published in the British Journal of General Practice, offers evidence that these checks – a cheap and straightforward intervention – rapidly improved the detection and prevalence of AF, meaning quicker access to treatment and reduced risk of stroke for those diagnosed.

The condition causes an irregular and often abnormally fast heart rate and is a leading cause of stroke – with strokes caused by underlying AF twice as likely to be fatal. AF is common in older people, but often shows no symptoms – meaning earlier detection and access to treatment means reduced risk of stroke and the health problems stroke victims have to live with afterwards.



Dr Robson and his team checked historical GP records to investigate the impact of a programme promoting pulse regularity checks across three groups of East London GP practices (or Clinical Commissioning Groups) – City and Hackney, Newham, and Tower Hamlets.

An analysis of electronic primary care patient records before (2007–2012) and after (2012–2017) checks were introduced showed significant increases in AF detection.

Research

## Opportunistic pulse checks in primary care to improve recognition of atrial fibrillation: a retrospective analysis of electronic patient records

James Cole, Payam Torabi, Isabel Dostal, Kate Homer and John Robson  
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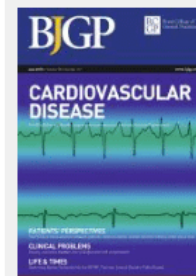
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### Abstract

**Background** Atrial fibrillation (AF) is an important and modifiable risk factor for stroke. Earlier identification may reduce stroke-related morbidity and mortality. Trial evidence shows that opportunistic pulse regularity checks in individuals aged  $\geq 65$  years increases detection of AF. However, this is not currently recommended by the National Screening Programme or implemented by most clinical commissioning groups (CCGs).

**Aim** To evaluate the impact of a systematic programme to promote pulse regularity checks, the programme's uptake in general practice, and the prevalence of AF.

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