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Is it useful taking arterial pulse to detect asymptomatic atrial fibrillation in primary care?

Maria del Carmen Arias Blanco(1), J Redondo Sánchez(2), J Martínez de la Iglesia(2), E Martín Riobó(3)
(1) CS Villavicosa De Córdoba, SAS, Spain
(2) CS Lucano, SAS, Spain
(3) CS Fuensanta, SAS, Sapin

Corresponding author: Dr Maria del Carmen Arias Blanco, SAS, Distrito Sanitario Córdoba-Guadalquivir, Villavicosa de Córdoba, Spain. E-mail: mariadelcarmenariasblanco@ymail.com

Background & Aim: Atrial fibrillation (AF) is the most common cardiac arrhythmia. AF leads to a large number of embolic events and whose presentation is often oligo symptomatic, it is being detected in a high proportion of casual way: Detecting of AF by taking of arterial pulse(TAP).To know Sensitivity Specificity Reliability of TAP, with or without symptoms of AF.

Methods: 6990 patients elder than 65 years from 48 Heath Care Primary Centers have been studied by 218 doctors and 101 nurses. Cluster randomized trial was done in two groups: Experimental group (EG): TAP in patients elder than 65 years seeking any consultation and Control group (CG): patients with cardiac symptoms (disnea, weakness, palpitations and chest pain). ECG was done in both groups to confirm the diagnosis. Centralized randomization, stratified by professional (doctor / nurse), ensuring that the cluster effect was not influenced by a multilevel logistic regression analysis. Patients selected by consecutive sampling. An analysis of the comparability of the groups (Chi-square, calculating the relative risk (RR) Absolute Risk Reduction (ARR) and number needed to treat (NNT) for detecting an FA) was performed. Multivariate analysis to adjust the dependent variable (AF) for the prognosis or predictor variables and / or confounding.

Results: EG 5465patients Mean age 75.61 years, GC 1525 patients mean age74.07 years. Women 58,6% and men 51,4%. Irregular arterial pulse: EG 4.3% GC 15.0% (p <0.001). 165 new cases of AF (2.3%) EG: 1.1%, CG6.7% (OR: 0.29; 95% CI: 0.18 to 0.45). RR 0.16 (95% CI: 0.11 to 0.21). RAR 5.70% (95% CI: 4.77 to 6.49%) by GC, and the NNT: 17.7 (95% CI 14.4 to 23.0). CG and EG symptoms were detected in 12.1%.s: TAP sensitivity: 99.4% (95% CI 97.9 to 100.0), specificity 30.7 (26.1 to 35.3).

Conclusions:
1. The case finding for early detection of AF in patients 65 years with cardiac symptoms in Primary Care, it is more cost-effective than opportunistic screening by TAP in asymptomatic patients.
2. The opportunistic search by TAP in asymptomatic patients presenting to primary care, it not an advisable strategy of screening for AF in over 65 years.