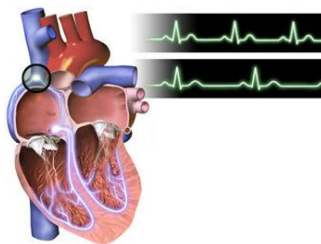


Consensus Paper on Patient Preferences for Arrhythmias Management



A unique consensus paper on patient preferences for arrhythmias management was presented at EHRA EUROPACE – CARDIOSTIM 2015 and published in EP Europace.

“Patients live with the consequences of treatments so it’s reasonable that they should have some say.”

The document was produced by the European Heart Rhythm Association (EHRA), a registered branch of the European Society of Cardiology (ESC), and is endorsed by the Heart Rhythm Society (HRS) in the US, the Asia Pacific Heart Rhythm Society (APHRS) and Sociedad Latinoamericana de Estimulación Cardíaca y Electrofisiología (SOLEACE).

Dr Deirdre Lane, task force chair, said: “Patients may have different priorities to doctors, particularly with regards to anticoagulation therapy to prevent stroke in atrial fibrillation. These patients are usually more concerned about stroke prevention than serious bleeding with research showing they are willing to accept 4.4 major bleeds to prevent one stroke.”

She added: “Patients may never be offered anticoagulation because of the doctor’s perception that the bleeding risk is too high. But patients live with the consequences of treatments so it’s reasonable that they should have some say. Patients should be told the pros and cons of the different treatment options so they can make an informed decision for themselves.”

The unique consensus document published today brings together European and international experts to review the evidence on patient values and preferences in the management of cardiac tachyarrhythmias (fast heart rhythms), namely atrial fibrillation, supraventricular arrhythmias and ventricular arrhythmias. It summarises current knowledge of patients’ experiences of living with the various arrhythmias and their treatment preferences, and provides recommendations for health professionals.

Cardiac arrhythmias can have a big impact on quality of life. Patients with ventricular arrhythmias, for example, may be banned from sports and driving. Those with an implantable cardioverter defibrillator (ICD) need to weigh the longevity they would gain with the device against the potential for a protracted death from progressive heart failure when deciding whether or not to have it switched off towards the end of life.

Fear and psychological distress often occur in patients with cardiac arrhythmias as a result of the symptoms or treatment. Up to one half of symptomatic patients with atrial fibrillation suffer from depression and anxiety, with some feeling stressed and panicky, frightened of their medications, and terrified to go anywhere. ICDs cause anxiety and depression related to the unpredictable nature of (future) shocks. Recommendations are given for managing patient distress, which include making a shock plan. Dr Lane said: “Anxiety plays a large role in cardiac arrhythmias because of the unpredictability of the symptoms and the outcomes. Some of the arrhythmias are life-threatening. Fear and anxiety can influence patients’ choice of treatment, their ability to process information and their likelihood of adhering to treatment. Healthcare professionals need to take this into account during consultations.”

The authors make a number of consensus statements which include: - Education is an essential component of the management of cardiac arrhythmias to enable patients to understand their condition, the available treatments, disease trajectory, and possible outcomes. - All patients should receive individually tailored disease- and treatment-specific information from their healthcare team which is reiterated over time. - Patients’ preferences for treatment should be discussed, documented and incorporated into management decisions. Shared decision making should be the approach adopted.

Dr Lane said: “Patients need information about their disease and treatment options in a format they can understand. That will enable them to weigh up the pros and cons and choose their preference for therapy. Shared decision making is advocated in healthcare but in practice it is still quite paternalistic. We also emphasise the need for good quality information and the document lists useful resources that healthcare professionals can point patients towards.”

Source: European Society of Cardiology

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