

Welcome to our 8th North Devon Defib Newsletter.

Summer Issue: 2018

The newsletter aims to provide support and information about how an ICD works and give advice enabling you to lead a full and active life.

In this issue:

- ◇ Next ICD support group meeting: Thursday 5th July 2018 (see below)
- ◇ Atrial Fibrillation & Stroke Prevention
- ◇ Medicine Cabinet: Oral anticoagulation

ICD Patient Support Group: Thank you to everyone who attended the meetings in January 2018. Dr Roberts gave an interesting presentation on the difference between a Heart Attack, Cardiac Arrest and Heart Failure.

As always the meeting was well attended and feedback confirms how valuable you find the advice and support from each other.

North Devon Defib Support Group Meeting

Speaker: Dr Candy Hayward, Clinical Psychologist

Date & Time: Thursday 5th July 2018 6pm - 7.30pm

Venue: Christchurch, 8 Bear St, Barnstaple, EX32 7BU

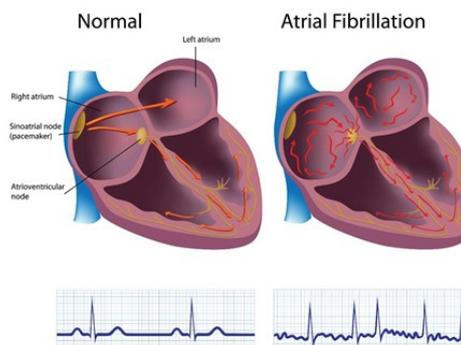
Please let us know if you are able to attend by contacting:

Sarah Bryant or Angie Tithecott Tel: 01271 311633

ATRIAL FIBRILLATION & STROKE PREVENTION

Atrial fibrillation (AF) is the most common type of irregular heart rhythm and is a major cause of debilitating and fatal strokes in the UK each year. At the age of 40, we all have a 1 in 4 life-time risk of developing AF.

AF occurs when impulses fire off from different places in the atria (top heart chambers), causing chaotic electrical activity, leading to an irregular, and sometimes fast, heart beat and pulse.



Electrical conduction—Normal vs AF

AF increases the risk of a blood clot developing and can increase the risk of stroke by five times. Early detection and appropriate anticoagulation therapy is essential to avoid preventable AF-related stroke.

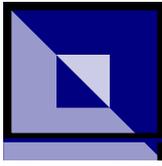
The simplest way to detect heart rhythm disorders like AF is through a pulse check:

- 1) To assess your resting pulse rate in your wrist, sit down for 5 minutes beforehand. You will need a watch or clock with a second hand.
- 2) Hold your left or right hand out with your palm facing up and your elbow slightly bent. With your other hand, place your index and middle fingers on your wrist, at the base of your thumb.



- 3) Your fingers should sit between the bone on the edge of your wrist and the stringy tendon attached to your thumb. You may need to move your fingers around a little to find the pulse.
- 4) Count for 30 seconds, and multiply by 2 to get your heart rate in beats per minute. If your heart rhythm is irregular, you should count for 1 minute and do not multiply.

Visit Arrhythmia Alliance website: www.knowyourpulse.org



Medicine Cabinet: Oral Anticoagulation (OAC)

Northern Devon Healthcare 
NHS Trust



Oral anticoagulants (OAC) are very effective at significantly reducing the risk of stroke in people with atrial fibrillation (AF). Since AF can lead blood pooling in the heart chambers, the risk of clots forming and being ejected by the heart are increased. OACs help to prevent clots from forming and thereby reduce stroke risk.

People who are prone to blood clots in the circulation outside the heart are also often prescribed OAC: for example, to treat deep vein thrombosis (DVT) blood clots in the peripheral circulation) and pulmonary embolism (blood clots within the lungs).

Warfarin is the most widely prescribed OAC in the UK. People who have had a mechanical heart valve replacement are often prescribed warfarin to prevent clots forming on the valve.



When taking Warfarin, a regular blood test (INR) is required to measure the time it takes for your blood to clot. The time it takes for your blood to clot is increased by taking warfarin; increasing the INR. However, if your INR is too high, there is an increased risk of bleeding.

The dose of warfarin is adjusted to maintain a therapeutic range which lowers stroke risk, while reducing the likelihood of a bleed. The risk of a serious bleed is about 1–2 % per year.

Food to Avoid - Food that is high in vitamin K, such as Liver, Brussels sprouts and broccoli, can inhibit the action of Warfarin. Rather than leaving these out of your diet, make sure you enjoy a constant amount regularly. Avoid cranberry juice and it's important to follow the recommendations for safe alcohol intake.

Alternatives to Warfarin - There are some newer anticoagulation (NOAC) drugs called Dabigatran, Rivaroxaban, Apixaban and Edoxaban. Like Warfarin, NOACs can help to prevent clots from forming and help protect you from certain types of stroke, but don't require monitoring or dose adjustment.

The main advantage is convenience rather than any major improvement in stroke prevention or safety – they are still anticoagulants, which can increase the risk of bleeding. The main difference between NOACs and Warfarin is that NOACs are less influenced by diet and other medications meaning a set dose can be prescribed.

However, it is essential that people take NOACs every day since they have a much shorter period of action compared with Warfarin. Hence, if you miss a dose, you are not protected.

Warfarin is very effective at preventing strokes, and there would be no real gain in swapping to a NOAC if both your INR is well controlled and you are without side effects.

Arrhythmia Service

Sarah Bryant
01271 311633

ICD Clinic, Cardio-Respiratory Dept

Christine Pope, Lead Physiologist
01271 322475

Heart Failure Service

Angie Tithecott, Rebecca Nicholls &
Poppy Brooks
01271 311633

Useful links:

British Heart Foundation Tel: 020 7935 0185 - Website: www.bhf.org.uk

Arrhythmia Alliance Tel: 01789 450 787 - Website: <http://heartrhythmcharity.org.uk>