Letter to the Editor

Stroke welcomes Letters to the Editor and will publish them, if suitable, as space permits. Letters must refer to a published-ahead-of-print article or an article printed within the past 3 weeks. The maximum length is 750 words including no more than 5 references and 3 authors. Please submit letters typed double-spaced. Letters may be shortened or edited.

Fog on the Crystal Ball? Missing Atrial Fibrillation in Forecasting the Future of Stroke

To the Editor:

The policy statement by the American Heart Association and American Stroke Association on the future of stroke highlights not only the increasing costs of stroke but also, importantly, what might be done to reduce that burden. It makes an important contribution on many aspects of stroke. However, we found it most surprising that in an article that forecasts stroke, atrial fibrillation (AF) was mentioned only twice and was not listed as a risk factor for stroke. This is despite evidence that AF causes &gt;25% of ischemic strokes, probably a gross underestimate, given the mounting evidence, suggesting that a large proportion of cryptogenic stroke is attributable to AF. Furthermore, recent work suggests that stroke incidence is in fact declining, but the proportion caused by AF is increasing, so that AF now accounts for almost one third of all strokes. It seems astonishing that in an article that forecasts stroke, atrial fibrillation is not mentioned at all.

Undiagnosed AF is relatively common in patients experiencing a first stroke. In the Adelaide stroke incidence study, of those with AF-related strokes, 30% had not been diagnosed with AF before stroke. We showed that opportunistic screening of those aged &gt;65 years finds undiagnosed AF in 1.4% of the population, most asymptomatic, therefore, unlikely to attend their physician, and most with CHA2DS2-VASc scores sufficiently high to warrant anticoagulation. Screening for AF has been recommended in national and continental AF guidelines, but uptake has been hampered by the lack of inexpensive screening mechanisms. New technologies, for example, iPhone-based single-lead ECG, are available and could both increase efficacy and reduce screening costs. Such devices could facilitate mass-community screening to detect this highly preventable cause of stroke, so screening and closing AF treatment gaps should become an integral part of the discussion in forecasting the future of stroke.

Disclosures

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