



spotlight on health

A Growing Health Concern Among An Aging Population

(NAPSA)—An estimated 2.2 million Americans have atrial fibrillation (AF), and more than 150,000 new cases are diagnosed each year. The likelihood of developing the condition increases with age—3 to 5 percent of people 65+ have AF—making it a growing concern for America's aging baby boomer population.

Individuals with AF experience what has been described as “rapid and disorganized heartbeat.” With AF, the heart's two upper chambers quiver instead of beating effectively. Because blood isn't pumped completely out of them, it may pool and clot—and clots can be deadly if they leave the heart and become lodged in an artery in the brain, causing a stroke. In fact, people with AF are five to seven times more likely to have a stroke.

Risk Factors And Symptoms

Risk factors include conditions like sleep apnea, heart disease, high blood pressure, diabetes, obesity and breathing and lung issues. Common triggers include caffeine, alcohol, stress, MSG, exercise and leaning or bending over.

The normal heart beats in the same constant rhythm about 60-100 times per minute at rest. During atrial fibrillation, the heart rate can range from 300 to 600 beats per minute. Different patients have different symptoms: sensation of the heart skipping a beat, erratic heartbeat, fluttering, chest or throat pressure and constriction around the left bicep.

What Happens

With AF, blood pools in the heart's upper chambers, creating a risk of blood clotting. Blood clots can enter the bloodstream



For people with atrial fibrillation—when the heart beats more than 300 times per minute—anticoagulants are often prescribed.

and cause stroke, heart attack or other major organ damage. Therefore, individuals with atrial fibrillation must take blood-thinner medications—more appropriately known as anticoagulants. Coumadin® (warfarin) is one such anticoagulant.

Patients taking warfarin must have their blood tested regularly (at least once per month) to determine how quickly the blood clots. This test is expressed as International Normalized Ratio (INR). If the blood clots too slowly or too rapidly, the patient is at risk: too slowly, the patient could experience uncontrollable bleeding; too rapidly, the patient's blood could form clots that could cause stroke or heart attack. In either case, the doctor must adjust warfarin dosage immediately.

Anticoagulation Testing

Testing for anticoagulation has been done in the doctor's office (called “point-of-care”) since the early 1990s. Doctors rely on the precision of handheld anticoagulation monitors, and patients can

feel confident about the accuracy of results. Point-of-care anticoagulation testing can be simple and fast (with results in just minutes rather than days), and requires just a small drop of blood from a fingerstick versus blood draw. Such testing takes less time and is typically preferred to the longer turnaround times—and greater amount of blood needed for laboratory testing.

Patients with atrial fibrillation may opt to take their INR measurements at home and report their results to their doctor. Such self-testers must first learn how to conduct the tests from a certified health educator.

Centers for Medicare & Medicaid Services, the federal agency that oversees health care reimbursement, has recently added to its list of reimbursable expenses those charges for anticoagulation monitoring for patient self-testing.

To learn more about AF and warfarin therapy, visit the Web site at www.medscape.com/info/site/pointofcaretesting.