

AF Quiz

1. AF increases stroke risk by _____ times.

2. Definition of :-
 - a. Lone AF
 - b. Permanent AF

3. Give 2 reasons when you, as a GP, would request an echo in a patient presenting with AF ?

4. A patient with atrial flutter on an ECG needs a CHA2DS2VASc and a HASBLED score ? T/F

5. Fill in the boxes below

| CHA2DS2VASc Score | 0 | 1 | 1 | <u>≥2</u> |
|---|---|-------|-----|-----------|
| | | women | men | women&men |
| Anticoagulant No need/consider/offer | | | | |

6. Above what HASBLED Score is harm > benefit with anticoagulation ?

7. You are doing a medication review on a patient and find they are taking warfarin, aspirin AND clopidogril. What will you do next?

8. If a patient on a NOAC suffers an MI, is the NOAC continued ?

9. If a patient's INR is unstable because of non compliance on warfarin, is it better to put them onto a NOAC instead?

10. Which Anticoagulant is more effective at stroke prevention? Warfarin/NOAC

11. Which Anticoagulant has a higher bleeding risk? Warfarin/NOAC
12. NOACS cause more severe GI bleeds compared to warfarin? T/F
13. What does LAAO stand for in a letter from a cardiologist?
14. Name 3 types of patients with AF who will need cardiology referral for rhythm control?
15. What drug groups would you use for rate control?
 - a.
 - b.
 - c.
16. What is the target heart rate in fast AF patients?
17. In paroxysmal AF:-
 - a. flecainide is safe to initiate in general practice? T/F
 - b. the patient is at low risk of stroke? T/F
18. Which NOAC is od?
19. Which NOAC does not go in a dosette box?
20. What drugs would you need to avoid if someone is on a NOAC?
21. How many people in Barnsley with AF remain undiagnosed? (approx !)