ISRCTN15264658 https://doi.org/10.1186/ISRCTN15264658

The patient path to a diagnosis of atrial fibrillation (irregular and often abnormally fast heart rate)

Submission date 03/11/2022	**Recruitment status** No longer recruiting	[X] Prospectively registered [_] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [_] Record updated in last year
Registration date 15/11/2022	**Overall study status** Completed	
Last Edited 03/11/2022	**Condition category** Circulatory System	

Plain English summary of protocol

Background and study aims
Atrial fibrillation (AF) is a heart condition that causes an irregular heartbeat. It affects up to 10 in 100 people over the age of 65. AF greatly increases the risk of stroke and people with AF are five times more likely to have a stroke compared to people without AF. AF-related strokes are more severe, disabling and fatal than strokes not related to AF. Many people with AF are prescribed medicines known as anticoagulants, which help to reduce blood clots forming and causing an AF-related stroke.

AF can be difficult to detect because the irregular heartbeat is not present at all times and not all patients have symptoms. New research has shown more patients have symptoms than previously thought, and that patients with symptoms experience delay in getting a diagnosis. This is because patients think some of the symptoms are trivial and doctors do not always associate them with AF. Currently, about 500,000 people with AF in England have not been diagnosed. As a result, half of all AF-related strokes occur in people unaware they have AF. Early diagnosis and treatment is vital because patients are at highest risk of stroke in the first four months of having AF.

This study aims to explore patient journeys to AF diagnosis in order to better understand how AF presents. The knowledge from the study will help people to recognise symptoms earlier and seek medical help, and help healthcare professionals to better recognise AF in their day-to-day practice.

Who can participate?
Patients with a recent diagnosis of atrial fibrillation and primary healthcare professionals can participate.

What does the study involve?
The study will be conducted in 20 GP practices in the West Midlands. We will carry out interviews with patients who have received a recent diagnosis of AF to understand the range of symptoms they experienced prior to diagnosis and how AF was detected. We will also carry out interviews

with GPs and practice nurses to understand the challenges of identifying AF in practice. We will then hold a meeting with a small group including patients, AF experts, GPs, practice nurses and individuals from relevant charities to understand the learning from the findings.

Following that, we plan to create educational materials from this learning for the public and healthcare professionals. The findings will be shared with the public, healthcare professionals and the NHS in a number of ways including publications, presentations at conferences for GPs, social media, and posters for display in GP practices. The educational materials will be made widely available on the internet and to all relevant charities and organisations.

The founder of the AF Association who is a member of the research team will lead on sharing findings with the public. Improved public awareness and clinician understanding of AF will result in earlier detection of AF and treatment to reduce AF-related stroke.

What are the possible benefits and risks of participating?
There are no risks in taking part in the study. The knowledge gained from the study may benefit others by helping people to recognise symptoms earlier and seek medical help. The study may also help healthcare professionals to better recognise AF in their day-to-day practice.

Where is the study run from?
Institute of Applied Health Research, University of Birmingham (UK)

When is the study starting and how long is it expected to run for?
April 2020 to September 2023

Who is funding the study?
NIHR Research for Patient Benefit Programme (UK)

Who is the main contact?
Dr Patricia Apenteng, p.n.k.apenteng@bham.ac.uk

Contact information

Type(s)
Principal investigator

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Integrated Research Application System (IRAS)
317170

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
IRAS 317170, CPMS 53867

Study information

Scientific Title
The Patient Path to a diagnosis of Atrial Fibrillation: a qualitative study in primary care

Acronym
P-PAF

Study objectives
This research seeks to address the patient identification gap in atrial fibrillation through generation of knowledge to improve awareness of the presentations of atrial fibrillation among public and health professionals.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 22/09/2022, East of Scotland Research Ethics Service (Tayside Medical Science Centre, Dundee DD1 9SY, UK; +44(0)1382383878; tay.eosres@nhs.scot), ref: 22/ES/0040

Study design
Qualitative study

Primary study design
Observational

Study type(s)
Other

Health condition(s) or problem(s) studied
Atrial fibrillation

Interventions
Participants will take part in one interview with the study researcher. The interview will last up to one hour.

Intervention Type
Other

Primary outcome(s)
1. Patient experiences of the journey to diagnosis of atrial fibrillation will be measured using qualitative interviews.
2. The perspectives of primary health care professionals on the detection of atrial fibrillation in primary care will be measured using qualitative interviews.
The qualitative data will be analysed using framework analysis, and Andersen's model of Total Patient Delay will be applied as a guide to understand the trajectory to a diagnosis of AF.

Key secondary outcome(s))
There are no secondary outcome measures

Completion date
30/09/2023

Eligibility

Key inclusion criteria
Patients
1. Men and women aged 50 years and above
2. With a diagnosis of AF within the last 6 months
3. Ability to understand the information provided in the participant information sheet and consent form
4. Ability to provide informed consent

Primary healthcare professionals
1. General practitioners
2. Practice nurses
3. Ability to provide informed consent

Participant type(s)
Mixed

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
50 years

Sex
All

Key exclusion criteria
Patients
1. Patients that the GP determines are not suitable to be approached to participate e.g. patients

receiving end of life care
2. People aged below 50 years
3. People who lack capacity to consent

Primary healthcare professionals
1. Participants under 18 years old

Date of first enrolment
01/12/2022

Date of final enrolment
30/06/2023

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University of Birmingham
Institute of Applied Health Research
Edgbaston
Birmingham
United Kingdom
B15 2TT

Sponsor information

Organisation
University of Birmingham

ROR
https://ror.org/03angcq70

Funder(s)

Funder type
Government

Funder Name

National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are not expected to be made available due to participant confidentiality.

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			28/06/2023	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes