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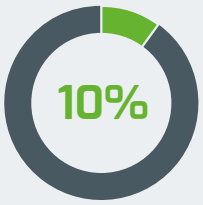
EHRA's guide
for the use of digital devices to detect atrial fibrillation

The European Heart Rhythm Association (EHRA) has grouped digital cardiac rhythm devices and derived recommendations for their use in the early detection and treatment of cardiac arrhythmias. In parallel EHRA recommends a broad approach to screening for atrial fibrillation.

Atrial fibrillation prevalence has been constantly rising. Atrial fibrillation is now considered a widespread disease. According to the Swiss Heart Foundation, around 100,000 people in Switzerland, i.e. about one percent of the population, are affected by atrial fibrillation. Among people over 75, this figure is as high as ten per cent.

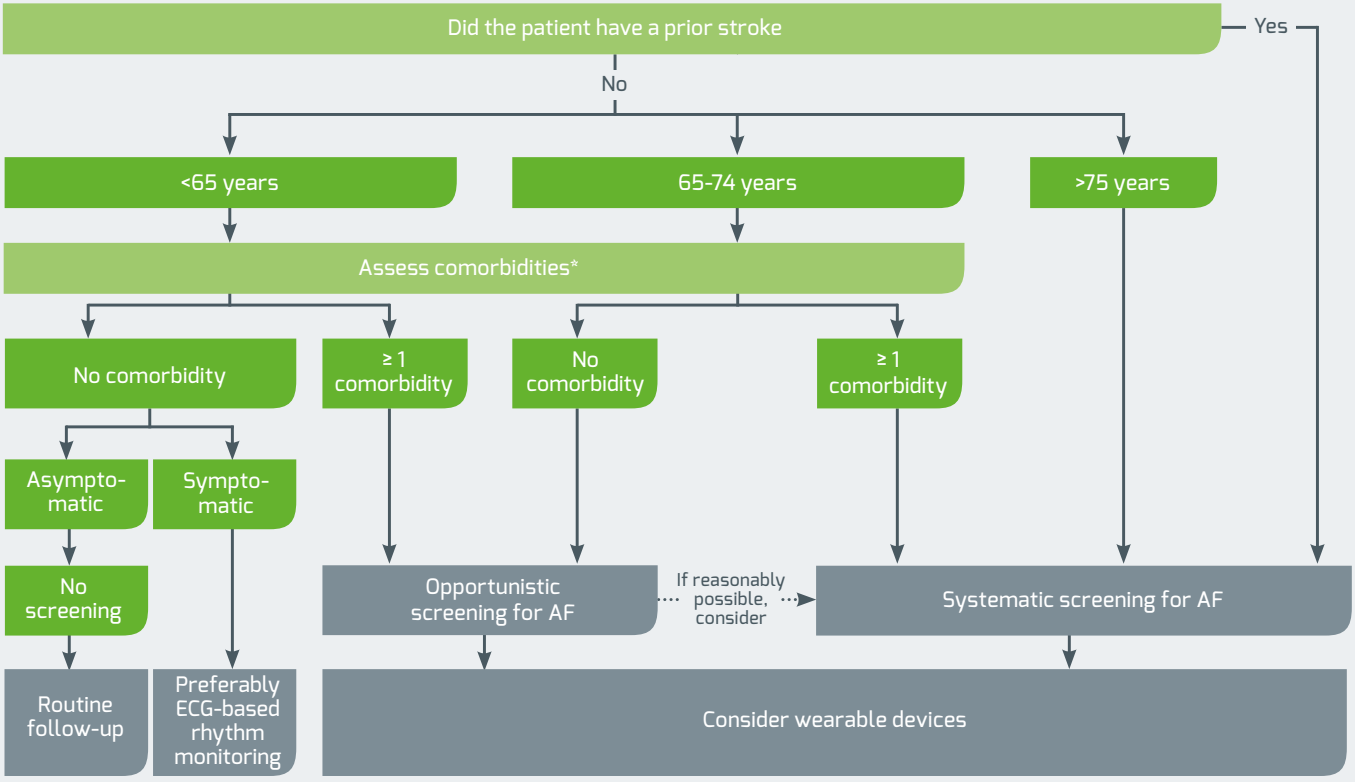
People affected at age 75 and older



The symptoms of atrial fibrillation vary hugely. About one third of all patients remain asymptomatic. Asymptomatic, undiagnosed, and undertreated atrial fibrillation contributes to ischemic strokes. Early diagnosis enables early rhythm treatment, which has been shown to reduce mortality, stroke, and cardiovascular hospitalization in clinical atrial fibrillation.

EHRA recommends broad atrial fibrillation screening

- ...for people over the **age of 65**
- ...for patients with a **prior stroke**
- ...for all with at least one **comorbidity**



* **Comorbidities:** CKD, COPD, diabetes, heart failure, hypertension, obesity, prior MI/CAD, sleep apnoea

EHRA distinguishes between two types of screening

Systematic screening
Screening programme performed continuously irrespective of medical contacts or need (e.g., population-based screening program or health campaigns).

This is recommended for patients with previous stroke, those over age 75, or those over age 65 with comorbidities.

Opportunistic screening
Screening performed as a part of clinical contacts for any other reason than screening (e.g., during a routine GP consultation or as part of the management of cardiovascular risk factors.)

This is recommended in all over 65 years and in patients of any age with one or more comorbidities.

In Switzerland systematic screening for atrial fibrillation by long-term ECG is only done for individuals who sustained a prior stroke or transient ischaemic attack.

EHRA confirms high diagnostic yield of patch monitoring

For atrial fibrillation screening in moderate- to high-risk populations, patch monitoring (or long-term ECG monitoring such as CardioFlex) of 2 weeks or 1 month has a comparable yield to implanted loop recorders.

EHRA thus confirms the findings of previous studies

	Holter EKG (24h - 48h)	**Cardio Flex** (24h - 30 days)	**Loop Recorder** (≤ 30 days)
Diagnostic yield for atrial fibrillation (after cryptogenic stroke)	1 – 5 %	10 – 15 %	15 – 20 %
Leads	1 – 3	1 – 3	1
Comfort	Often uncomfortable	comfortable & waterproof	invasive

CardioFlex - The long-term ECG service for the diagnosis of atrial fibrillation

The complete solution
CardioFlex offers a complete diagnostic solution that can be used flexibly without additional prior knowledge or investment.

Convenient and affordable
The solution uses a small, comfortable, and waterproof sensor. It is non-invasive and up to 95% cheaper than an implantable loop recorder.

Covered by every health insurance
The CardioFlex service is fully covered by the health insurance. It is the only service in Switzerland that offers up to 30 days of monitoring without the need for additional cost requests.

References

- Emma Svennberg et al., How to use digital devices to detect and manage arrhythmias: an EHRA practical guide, 2022.
- Steinberg et al., ISHNE-HRS expert consensus statement on ambulatory ECG and external cardiac monitoring/telemetry, 2017

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