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To Whom It May Concern

Response to consultation on Rivaroxaban (atrial fibrillation/stroke prevention)

The Stroke Association is the main UK-wide charity solely concerned with combating stroke. Our mission is to prevent strokes, and reduce their effect through providing services, campaigning, education and research.

Our services directly help almost 21,000 stroke survivors and in the last year we have invested £2.6 million in stroke research. We also provide information for members of the public concerned by stroke as well as people affected by it and we campaign to prevent stroke and to ensure that stroke survivors are not denied access to the treatment and services they need.

As a disclaimer, it should be noted that we are currently running a stroke prevention and AF risk awareness campaign – Ask First - partly funded by Bayer Healthcare and other pharmaceutical companies. You can learn more about our campaign by going to www.stroke.org.uk/askfirst

Atrial fibrillation is a major risk factor for stroke with around one in every six strokes caused by AF. We therefore have a very strong interest in promoting the optimal management for anyone who has AF.

One of the current issues we are aware of is patients with AF often being undiagnosed. However, more worryingly is that those that are diagnosed can often go untreated. Therefore The Stroke Association campaigns for better diagnosis, treatment and management of people with AF, thereby preventing a number of strokes from happening.

Where patients have been diagnosed and been found to have a medium or high risk of a stroke in the future, we understand that most are treated with warfarin. Despite evidence of improved outcomes for these patients from

prescribing warfarin we believe there is a reluctance to prescribe it because of the associated risks such as falls and bleeding.

The Stroke Association commissioned some research into this aspect and surveyed 1000 GPs throughout the UK asking why they felt there were currently problems with the diagnosis, treatment and management of AF. The main reason given (with 55% of GPs responding) was 'Associated risks of treatment i.e. anti-coagulants). We may conclude from this that GPs are reluctant to give their patients warfarin which in turn has the consequence that stroke survivors are not being treated and put at risk of having a stroke.

We are also aware of other issues with warfarin, through anecdotal evidence. These include patients needing to be closely monitored, needing to take frequent time out to attend clinics and to modify their diet due to certain types of food that react with the treatment.

Already a challenge for otherwise healthy people, it is harder for stroke survivors who also have to cope with co-morbidities and the effect of their stroke (mobility, memory and communication impairments). Taken together these restrictions, in addition to the cost of attending clinics, further impact on the patients' and carers' quality of life.

The Stroke Association therefore would welcome any new treatments for AF that ensure better take up and limits the risks associated with existing treatments.

Yours sincerely

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