Expert: Look for AF in cryptogenic stroke

Jenny Ng

Patients with cryptogenic stroke can reduce their risk of secondary stroke through continuous monitoring for paroxysmal atrial fibrillation (AF), suggested an expert at the Asia Pacific Stroke Conference 2013 in Hong Kong.

"AF is the most frequent cause of cryptogenic stroke but is often missed due to the difficulty in detecting asymptomatic or paroxysmal AF," said Professor Disya Ratanakorn of the Mahidol University in Nakhon Pathom, Thailand. "The risk of stroke in these patients is comparable to that in patients with permanent AF."

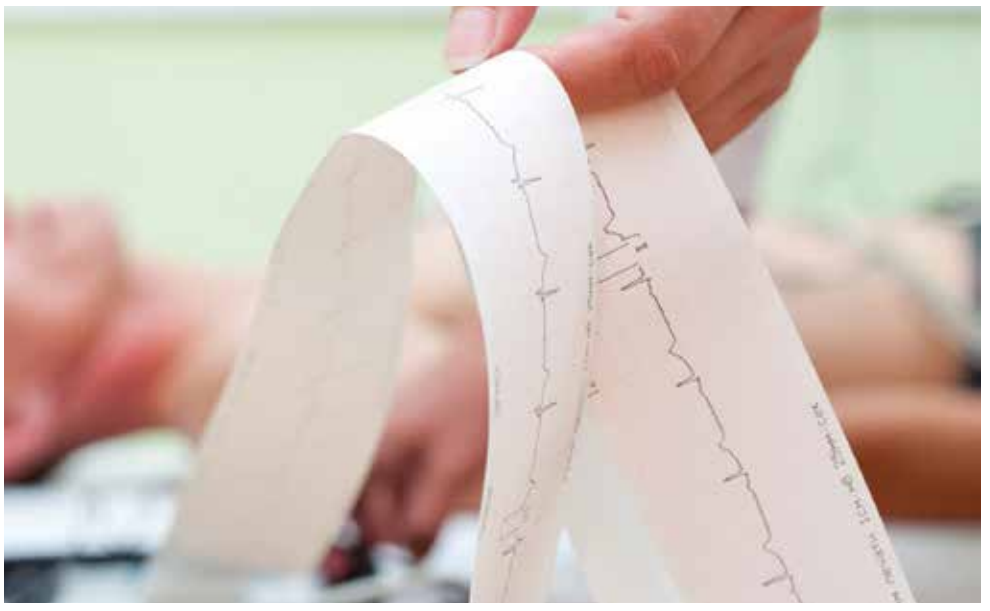
Studies have shown that continuous patient monitoring with the use of various devices (Holter monitors, Mobile Cardiac Outpatient Telemetry external monitors, or implantable loop recorders) can improve the detection of asymptomatic or paroxysmal AF in cryptogenic stroke patients. [*Neurology* 2008;71:1696-1701; *Stroke* 2004;35:1647-1651; *Intern Med J* 2004;34:305-309]

According to the recent EMBRACE (30-day Cardiac Event Monitor Belt for Recording Atrial Fibrillation After a Cerebral Ischemic Event) trial, one in six patients with cryptogenic stroke or a transient ischemic attack (TIA) had previously undiagnosed paroxysmal AF. [Gladstone DJ, et al, International Stroke Conference 2013, abstract LB5]

The trial compared 30-day use of an electronic study monitor that automatically records AF episodes vs standard home-based 24-hour repeat Holter monitoring. Results showed a significantly increased rate of AF detection with 30-day monitoring vs the Holter group (16 vs 3 percent).

"We won't really know the potential for continuous long-term monitoring of cryptogenic stroke until the results of the CRYSTAL-AF [Cryptogenic Stroke and underlying Atrial Fibrillation] study comes out," said Ratanakorn. The study assesses the incidence of AF over a period of 6 to 12 months.

Detection of AF in cryptogenic stroke patients is important as it changes their treatment regimen. "Cryptogenic stroke is often treated with antiplatelet therapy, but in patients with AF, anticoagulation therapy can reduce the risk of stroke by about two- thirds," said Ratanakorn.



While paroxysmal AF is a risk factor for cryptogenic stroke, patients with a patent foramen ovale (PFO) or atrial septal aneurysm (ASA) have a 3 to 15 times significantly greater risk of stroke than those with no PFO or ASA. [*Neurology* 2000;55:1172-1179]

Closure of the PFO may be beneficial in reducing the risk of stroke. However, two recent studies have shown no reduction in recurrent stroke events with PFO closure compared with medical therapy alone. [*N Engl J Med* 2013;368:1092-1000; *N Engl J Med* 2012;366:991-999] MT

Medicolegal Series

Prescribing: Avoiding the risks

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Prescribing errors account for a large number of clinical negligence claims against doctors in both primary and secondary care. There are multiple opportunities for things to go wrong if precautions are not taken – and this article offers advice on the steps you can take to put safeguards in place.

Before prescribing, remember that medication should only be prescribed to meet the identified needs of the patients and be in their best interest. Doctors should avoid treating themselves or anyone close. Doctors should be familiar with current guidance from the *Hospital Authority Drug Formulary*, including the use, side effects and contraindications of the medicines that are intended to be prescribed.

The person who signs the prescription is the one who will be held accountable, should something go wrong. Prescribing at the recommendation of a nurse, or other healthcare professional who does not have prescribing rights, means that the doctor concerned must be personally satisfied that the prescription is appropriate for the patient concerned. Following the provisions of the *Good Dispensing Practice Manual* – issued by the Hong Kong Medical Association – is also advised.

Dangerous drugs

Doctors should be familiar with the *Guidelines on Proper Prescription and Dispensing of Dangerous Drugs*, found in Appendix E of the Medical Council of Hong Kong's *Code of Professional Conduct*. Drugs associated with addiction or dependence should not be prescribed or supplied other than in the course of bona fide and proper treatment.

Dosage and contraindications

The dose being prescribed must be thoroughly checked – this includes the strength, frequency and route. When checking for contraindications, doctors should check that the patient:

- is not allergic to the proposed medication,
- is not taking any medication (prescription, over-the-counter or alternative medicine) that may interact with the proposed medication, and
- does not have an illness that may be exacerbated by the medication.

Informed consent

The principle of informed consent applies as much to the prescribing of medication as it does to the performance of a surgical procedure. Patients should be fully informed about their condition, the reason for recommending the proposed treatment, what they can expect in terms of improvement, symptoms to report, the need for any monitoring and review, and side effects that may occur – including interactions with other drugs, such as over-the-counter medicines and alcohol. All warnings and explanations given should be documented in the patient records.

Monitoring and follow-up

Appropriate arrangements for follow-up and monitoring should be agreed with the patient – patients need to know under what circumstances they need to come back, and what the consequences of failing to attend for review could be. This should be clearly recorded in the patient notes.

Writing prescriptions

Computer-generated prescriptions are now common. However, if the prescription is to be written, there are some key points to remember:

- Use indelible ink.
- Do not abbreviate drug names.
- Avoid abbreviations such as mg and μg.
- Do not use decimal places if it is not necessary.
- Clearly state the drug, dose, strength, route and frequency.
- If amending the prescription, draw a line through the incorrect part and initial the change.

Prescriptions should be dated, and should include the full name and address of the patient. For patients under 12 years old, the patient's age or date of birth should be included.

If things go wrong

Doctors run the risk of disciplinary action or litigation in the wake of prescribing errors, and this is also the case should any doctor be found to have abused their professional position to gratify an addiction. Any doctor who does face such action should contact their medical indemnity provider for assistance. MT