LCQ8: Prevention of atrial fibrillation

Following is a question by the Hon Kwong Chun-yu and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 14):

Question:

It is learnt that the incidence of atrial fibrillation (AF) increases with age, the risk of AF patients having a stroke is five times higher than that of an ordinary person, and strokes caused by AF are more severe and have a higher mortality rate than other types of strokes. A medical research has revealed that currently there are more than 70 000 individuals in Hong Kong suffering from AF, and one-fourth of the local stroke cases were caused by AF. Regarding the prevention of AF and the strokes caused by it, will the Government inform this Council:

(1) whether it knows the current number of confirmed AF patients in public hospitals, and the measures taken by public hospitals to prevent such patients from having a stroke;

(2) whether it knows the number of stroke patients receiving treatment in public hospitals, the number of such patients whose stroke was caused by AF, and the expenditure incurred for providing rehabilitation treatment to the latter, in each of the past five years;

(3) whether it will consider launching, in the near future, a community-wide AF screening programme for early identification and treatment of AF patients, so as to reduce their risk of stroke; if so, of the specific timetable, and whether such a programme will be implemented by (i) adopting a public-private partnership approach and (ii) entrusting the programme to the District Health Centres; if it will not consider, of the reasons for that, and whether it will set up an expert group to study the pros and cons of such a programme;

(4) whether it knows if the general and specialist outpatient clinics in the public sector will, for the purpose of early identification and treatment of AF patients, (i) use a checklist of AF high-risk factors and (ii) conduct relevant check-ups for those people who have such risk factors; if they will, of the specific timetable; if not, the reasons for that; and

(5) as the District Health Centres in Kwai Tsing, Kwun Tong and Island East will be commissioned shortly, whether the Government will request the non-governmental organisations which operate such Centres to step up their efforts in (i) identifying AF patients and (ii) educating AF patients on stroke prevention; if so, of the details; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by the Hon Kwong Chun-yu is as follows:

(1) As at 2017, more than 70 000 patients with atrial fibrillation (AF) received treatment in the Hospital Authority (HA). In general, the treatment for AF is prescription of oral anticoagulants, while catheter ablation or left atrial appendage occlusion may be used in some cases. Depending on patient's condition, the healthcare team may also use drugs for treating arrhythmia or other interventional procedures.

(2) There are over 13 000 adult cases of admission to public hospitals due to acute strokes every year. Different rehabilitation treatment plans are arranged for stroke patients in the light of their aetiologies and severity of disease. Such treatment plans will, during the course of treatment, be adjusted according to their progress of recovery by healthcare professionals. The HA therefore does not maintain records of expenditure on the cost of rehabilitation services for patients whose strokes are caused by AF.

(3) to (5) A working group was set up jointly by the Department of Health (DH) and the HA earlier and experts in related fields were invited to participate in the deliberation on the proposal for AF screening. The working group and the experts have concluded that there is yet sufficient evidence from international studies on AF screening to support the introduction of a universal screening programme in Hong Kong. The HA will help frontline doctors further consolidate their knowledge of AF management and strengthen the support for the prescription of anticoagulants for AF patients so as to reduce their risk of stroke. The working group will continue to keep in view and examine the latest evidence from international studies and their recommendations, including relevant information on universal, opportunistic or high-risk patient screening, and explore with the experts feasible measures for enhancing AF management.

In respect of public-private collaboration, we will, while taking account of relevant expert advice, continue to communicate with the public and patient groups and work closely with relevant stakeholders to explore the feasibility of introducing new initiatives. We will carefully consider a number of factors in exploring the launch of new Public-Private Partnership (PPP) programmes, including the service demand, case suitability, potential complexity, readiness and capacity in the private market, as well as long-term financial sustainability of the PPP Fund.

Regarding services provided by District Health Centres (DHCs), as indicated above, there is not adequate evidence from clinical studies to support the introduction of a universal screening for AF, and therefore we do not have plans to provide such a service in DHCs. Services offered in DHCs will focus on primary, secondary and tertiary prevention of disease, covering

health promotion, health assessment, chronic disease management and community rehabilitation. Taking into account health service needs of the public and adopting an evidence-based approach, DHCs will accord priority to the management of common chronic diseases such as hypertension, diabetes mellitus and musculoskeletal disorders, as well as the provision of community rehabilitation services for patients in the post-acute myocardial infarction and those who have suffered from stroke and hip fracture. A basic assessment will be offered for members of the public, and those with health risk factors identified or suspected to have hypertension or diabetes mellitus will be referred to a network doctor for further examination. Individuals confirmed as having hypertension or diabetes mellitus may choose the service packages under the programme for follow-up.

The Government believes that, by stepping up efforts to promote individual and community involvement and enhance co-ordination among various medical and social sectors, district-level primary healthcare services can be strengthened. This will also enhance the public's awareness of disease prevention, encourage them to maintain a healthy lifestyle and enhance their capability in self-care and home care as well as their ability in self-management of health, thereby reducing the demand for specialist services and hospitalisation which are largely avoidable. Early identification of health risk factors (e.g. hypertension), enhancement of self-management of health and development of a healthy lifestyle can help prevent strokes as well. To this end, DHCs will provide personalised health advice and drug and care counselling services, organise health promotion activities (e.g. exercise classes, falls prevention advice, talks on healthy diets, advice on the prevention and management of diabetic and hypertension risks) and implement the community-based Patient Empowerment Programme, etc.