Research into practice: management of atrial fibrillation in general practice

I enjoyed the review of the management of atrial fibrillation in practice by Fitzmaurice and Hobbs; it concisely covered the salient points on this hugely important topic. However, I would like to highlight one important aspect on the current management of atrial fibrillation and in particular relation to the use of novel oral anticoagulants. These are often (mis) described as ‘not needing monitoring’. However, this should always be qualified with the statement that they ‘do not need INR monitoring’. The patient must have their renal functioning infrequently and because of the short half life it is vital that the patient is regularly counselled about the importance of not missing doses.

My concern is that if these two points are missed more patient’s might be started on these very new medications without the proper assessment and informed consent.

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Junior doctors and waterpipe tobacco smoking

Rawaf et al1 present data from three small studies that add to the growing body of evidence that waterpipe tobacco smoking is an increasing public health concern in the UK. Ismail’s study corroborates previous work showing that 76% of waterpipe-only users would answer ‘no’ to the question ‘Do you smoke?’2 This is an important consideration for tobacco monitoring in primary care.

Much UK waterpipe tobacco smoking research has focused on large cities, and none on healthcare professionals themselves. We surveyed 65 junior doctors in Stoke-on-Trent, a small city in the West Midlands, (100% response rate) and a further 100 junior doctors across the West Midlands (21.5% response rate) using