

March 27, 2015

The Honorable Tom Cole
Chairman
Appropriations Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies
H-305, The Capitol
Washington, D.C. 20515

The Honorable Rosa DeLauro
Ranking Member
Appropriations Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies
1016 Longworth House Office Building
Washington, D.C. 20515

The Honorable Roy Blunt, Chair
Chairman
Appropriations Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies
131 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Appropriations Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies
131 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Cole, Chairman Blunt, Ranking Member DeLauro and Ranking Member Murray:

The undersigned organizations write today seeking your leadership during the Fiscal Year 2016 appropriations process to highlight and support activities within the Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) to bring an increased and coordinated response to treating a serious heart disorder in older patients.

An estimated 2-3 million Americans have atrial fibrillation (AFib)--the most common type of arrhythmia, or abnormal heart rhythm. While the abnormal rhythm itself isn't generally serious; abnormal blood flow and strain to the heart can lead to serious medical conditions. These conditions can be deadly—having AFib doubles a person's risk of death. One of the most serious risks of AFib is stroke—around 15% of all strokes occur in people with AFib. The irregular heart rhythm can leave blood behind to pool and clot in the chambers of the heart. That clot can then be pumped out to other parts of the circulatory system. If it makes its way to an artery in the brain it can block blood flow and cause a stroke. These strokes are often deadly and those that survive often face long-term disabilities.

Anticoagulants—medications that make blood less likely to clot—reduce the risk of stroke in AFib patients by as much as 80%. Unfortunately, while they lower stroke risk they also raise the risk of bleeding. Because the blood doesn't clot well, injuries can lead to uncontrolled bleeding. Internal bleeding, or hemorrhaging, can lead to serious problems if it happens in the gastrointestinal system or the brain. This makes striking the right balance critical to patient care. Further, some health care professionals cite real and perceived falls risk and the potential for a major bleed as a reason for not anticoagulating an elderly patient.

Recognizing a need for heightened awareness, more consistent messaging, and adequate treatment tools to balance the risk of bleeding and stroke prevention in AFib space, **we request that CDC utilize its Vital Signs publication to promote the adoption of best practices in AFib treatment, expand patient and family caregiver education on AFib-related stroke risk and treatment, leverage existing stroke prevention initiatives, and address gaps in research on prediction of stroke and bleeding risk in AFib. We further encourage CDC to complement this effort by developing AFib-related goals through its Healthy People initiative.**

In addition, we believe that coordination between federal and state activities on falls prevention, hypertension management, and obesity prevention could be leveraged to maximize existing resources. We support the Patient Centered Outcomes Research Institute (PCORI) Falls Injuries Prevention Partnership, an important national initiative focused on preventing falls in older adults. Unfortunately, misunderstanding about the impact of falls risk in older adults with AFib plays a disproportionate role in treatment decision-making, often leading to underuse of oral anticoagulation therapies that reduce the risk of stroke. **We request that the National Institute on Aging (NIA), National Heart, Lung, and Blood Institute (NHLBI), National Institute of Neurological Disorders and Stroke (NINDS), and other relevant NIH agencies, institutes, and offices provide technical assistance and otherwise support this effort in order to improve prevention of AFib-related stroke in older persons.**

Thank you for your leadership, and we look forward to working with you to expand efforts to increase awareness of this complex condition and the specific impact of treatment in older adults. Please contact Cynthia Bens at (202) 293-2856 or cbens@agingresearch.org with any questions.

Sincerely,

Alliance for Aging Research
Anticoagulation Forum
ClotCare
Heart Rhythm Society
The Mended Hearts, Inc.
Men's Health Network
National Stroke Association
OWL- The Voice of Women 40+
Preventive Cardiovascular Nurses Association
Society for Women's Health Research
StopAfib.org