

INTRODUCTION

In the last decade there has been a very remarkable improvement in the management of heart rhythm disturbances (arrhythmias). The improved care of patients with these disorders demands the provision of new resources and the widespread introduction of new techniques and therapies into the National Health Service in England and Wales.

The Arrhythmia Alliance is a fledgling charity comprised of arrhythmia and electrophysiology specialists, cardiologists, general physicians, accident and emergency physicians, general practitioners, pathologists, coroners, patients with arrhythmias, patient support groups, industry partners and charities focussed on care of arrhythmias. Thus the full spectrum of those interested in cardiac arrhythmias is involved.

The objectives of the Arrhythmia Alliance put simply are:

"Promoting better understanding, diagnosis, treatment and quality of life for individuals suffering with cardiac arrhythmias"

The Arrhythmia Alliance met for the first time on July 1st 2004 at the Royal College of Physicians in London. There was a full debate about recent developments in the care of patients with heart rhythm disorders. Possible strategies for implementing important changes were discussed at length. In the last several years a large number of pivotal new studies have been reported which have demonstrated the value of catheter ablation techniques, implantable cardioverter defibrillators, pacemakers and new drugs. International professional societies in collaboration between European Society of Cardiology, the American College of Cardiology and the American Heart Association) have published or are developing a full range of guidelines dealing with atrial fibrillation, supraventricular tachycardia, ventricular tachycardias, blackouts and sudden cardiac death.

In the United Kingdom the National Institute for Clinical Excellence (NICE) has instigated Health Technology Assessments (HTA's) on Dual Chamber Pacemaker and the Implantable Cardioverter Defibrillator. Soon an HTA on Ximelagatran (a revolutionary new form of blood thinning therapy) will commence. Next year cardiac re-synchronisation therapy for the treatment of heart failure will be the subject of another HTA. A NICE guideline on Atrial Fibrillation is now well underway and will be published in early 2006.

As part of the revision of the National Service Framework for Coronary Heart Disease, due in March 2005, a new chapter will be added on the management of cardiac rhythm disturbances. A major consultation exercise will be undertaken by the Department of Health to seek information for those charged with writing this chapter. This document has been assembled by the United Kingdom's arrhythmia and electrophysiology community, arrhythmia patients and support groups, acting through the Arrhythmia Alliance, in an attempt to introduce the complex subject of cardiac rhythm disturbances (arrhythmias) and to provide data and opinion as a resource to inform the discussion and development of this new chapter. Modern treatments for cardiac arrhythmias are effective, exciting and dynamic, but have not yet been recommended strongly by the UK Government, and this is now set to change, bringing these treatments to many more deserving patients.

Each chapter of this document is written in understandable English but technical terms cannot entirely be eliminated. For this reason there is an extensive glossary of definitions. Also, at the conclusion of each chapter there is a short summary written entirely in lay terms. For those who would like to read the document quickly key points are summarised at the beginning of each chapter and the Executive summary, which follows this introduction is brief and to the point.

The contents of the document include the symptoms, investigations and management of the most common rhythm disorders. Chapters which speculate on the development of new service strategies and their implementation, including issues related to resources and workforce are also included. Importantly, stories are included from patients who have suffered from arrhythmias and who have often been frustrated and troubled by difficulty in finding the relevant medical expertise and successful treatment. Some of these stories are also available on an accompanying DVD. If you have not received the DVD with your copy of the document, please contact arrhythmiaall@aol.com

Finally the experience and the value of some patient support groups have been described.

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