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Dr. Lui Che Woo
Distinguished Professor Public Lecture
呂志和博士創新醫學傑出教授公開講座

**Atrial Fibrillation and Stroke:
Under-appreciated, Unrecognised
and Under-treated**

Professor Ben Freedman OAM
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Heart Research Institute, Charles Perkins Centre
Professor of Cardiology, Sydney Medical School, University of Sydney*

23 October 2018 (Tuesday)
6:30 pm

Lecture Theatre
2/F, Lui Che Woo Clinical Sciences Building
Prince of Wales Hospital, Shatin, New Territories

Registration: <https://goo.gl/9p5HSb>
Deadline: 16 October 2018

Enquiries: 3943 9876

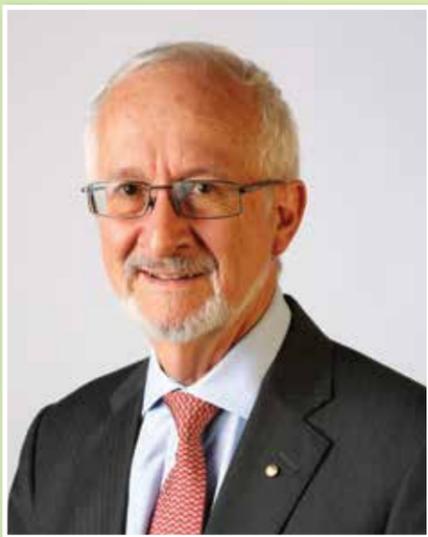


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About the Speaker



Professor Ben Freedman OAM

*Deputy Director (Cardiovascular Research Strategy), Heart Research Institute, Charles Perkins Centre
Professor of Cardiology, Sydney Medical School, University of Sydney*

Professor Ben Freedman is Deputy Director (Cardiovascular Research Strategy) and leads the Heart Rhythm and Stroke group at Sydney's Heart Research Institute at the Charles Perkins Centre. He is Professor of Cardiology at the University of Sydney and former head of Department of Cardiology Concord Hospital. He is Visiting Professor and Dr. Lui Che Woo Distinguished Professor of The Chinese University of Hong Kong, Adjunct Professor in the School of Public Health & Preventive Medicine at Monash University, and Honorary Professorial Fellow of the University of Melbourne. He was Deputy Dean of Sydney Medical School for 9 years from 2003-12, and received the Faculty's inaugural Distinguished Service Award in 2012.

His research interests are broad but now focus on stroke prevention in atrial fibrillation. His group's work on screening was nominated as a finalist in the Australian Innovation award in 2013. In 2015, with five others, he formed the AF-SCREEN International Collaboration which now has 150 members from 36 countries, including many of the foremost names in AF research. In 2017, AF-SCREEN produced an important white paper on screening for AF, which was published in *Circulation*. He has authored over 200 publications, including more than 50 on atrial fibrillation.

In 2002 he was scientific chairman of the successful World Congress of Cardiology. For many years he has been on the editorial board and regular interviewer for ACCEL, the continuing education vehicle of the American College of Cardiology, and is on the editorial boards of *Thrombosis and Haemostasis*, *European Heart Journal*, *International Journal of Cardiology*, *Clinical Cardiology*, and *Heart Lung Circulation*. In the past 3 years he has given invited talks at EHRA, HRS, ESC, AHA, APSC, HRC, and APHRS. In 2011 he was awarded the Order of Australia Medal for service to medicine as a clinician, educator and researcher.

Abstract of the Lecture

While most people know about heart attacks and strokes, mention of atrial fibrillation (AF) usually produces a blank look. Barely 10% of elderly Hong Kong people know what AF is, though it is the most common serious heart rhythm abnormality, and becomes much more common as you get older. If not treated, it can result in a stroke in the brain, causing loss of speech and the loss of use of an arm or a leg. Someone with AF has a five times greater chance of having a stroke, twice the chance of dying, and also a higher chance of their heart becoming weaker (heart failure) and of dementia. About every 17 minutes a Hong Kong citizen has a stroke; a third of these, usually the most severely incapacitating ones, affect people who have AF. Most are preventable.

AF is common: one in three people over 55 are likely, during their lifetime, to develop AF. AF interferes with the normal pumping of the heart. Because not all the blood leaves the heart quickly, clots can form inside the heart. When clots break off, they are carried up the brain arteries, where they block the flow of blood to the brain; this causes a stroke. Strokes in people with AF can be prevented with anti-clotting medications ('anticoagulants'). These reduce the number of strokes by 64%, and reduce deaths by 26%.

Unfortunately a stroke is often the first sign that someone has AF, which is often silent, particularly in older people, who are more likely to have a stroke when AF starts. If we could diagnose silent AF, and treat AF early, many strokes could be prevented. Now, by combining new technology and medical research breakthroughs on anticoagulant drugs, we can. But we must first look for unknown AF, and then treat it with effective anticlotting therapy.

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