Newsletter Spring 2024: Atrial Fibrillation (AF)

Heartmed Newsletter is designed for General Practitioners. To unsubscribe email info@heartmed.com.au with your name & "unsubscribe" in the subject heading

- Paroxysmal AF is defined as AF that terminates spontaneously or with intervention within seven days of onset
- Persistent AF is defined as AF that fails to self-terminate within seven days
- Long-standing persistent AF refers to AF that has lasted for more than 12 months
- Permanent AF is a term used to identify persistent AF for which a joint decision by the patient and clinician has been made to no longer pursue a rhythm control strategy
- Pulse palpation to detect atrial fibrillation is recommended as part of physical examination
- There is insufficient evidence to support screening for AF with ECG of any type
- Prevalence of AF is 0.1% in <55 yo and 18 % in >85 yo
- In patients with no history of AF but with stroke or systemic embolism, subclinical AF has been detected in up to 50% of patients
- Most patients with newly diagnosed AF can be managed as outpatients
- Emergency Department presentation is indicated if:
    - Severe symptoms (palpitations, angina, dyspnoea, syncope or PRE syncope)
    - Symptomatic hypotension (e.g. confusion, acute kidney injury)
    - Acute myocardial infarction
    - thromboembolism
    - Heart failure
    - Extreme tachycardia
    - Intercurrent illness e.g. pneumonia
    - Wolff-Parkinson-White syndrome
- Non specific symptoms of AF: Fatigue, weakness, increased urination
- Anticoagulation is indicated guided by the CHADS-VASC score
- 90% of patients with AF will have recurrent episodes of AF
- Reducing alcohol intake significantly reduces recurrence of AF
- Weight loss significantly reduces recurrence of AF
- Rhythm control (i.e. aiming to keep the patient in sinus rhythm through antiarrhythmic therapy or pulmonary vein isolation by ablation) is indicated in patients that are:
    - symptomatic, especially if the symptoms are present despite controlled ventricular rate
    - At high risk for cardiovascular disease. High risk defined as:
        - Age >80 years old
        - Prior TIA or stroke
        - 2 of
            - Age >65 years old
            - Female
            - Heart failure
            - Hypertension
            - Diabetes
            - Severe coronary disease
            - Chronic kidney disease
            - Left ventricular hypertrophy
        - Rhythm control confers a survival benefit in these patients
- Ablation
    - success rate is 70-80% for paroxysmal AF and 60-70% for persistent AF
    - 98% of patients have AF burden reduction
    - Mortality 0.5%, stroke up to 2%