Management of Atrial Fibrillation

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AF Association Global AF Aware Week

20-26 November 2017

Detect by a simple pulse check

Protect against AF-related stroke using anticoagulation therapy (not aspirin)

Correct the irregular rhythm with access to appropriate treatment

Perfect the patient care pathway

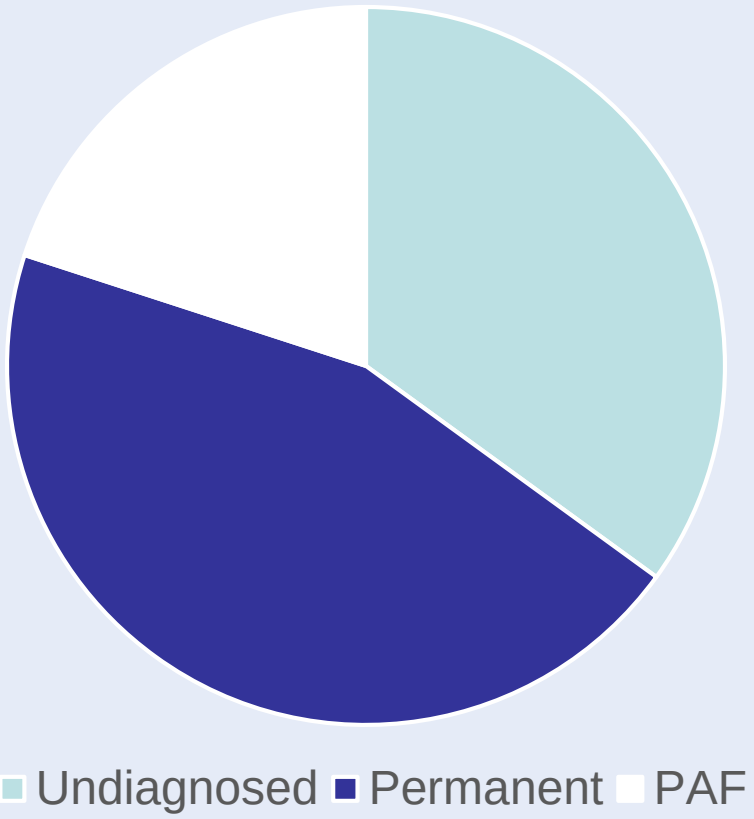
http://www.heartrhythmalliance.org/afa/uk/af-aware-week

The Ipswich Hospital NHS
NHS Trust

Our Passion, Your Care.

AF: Today's Narrative

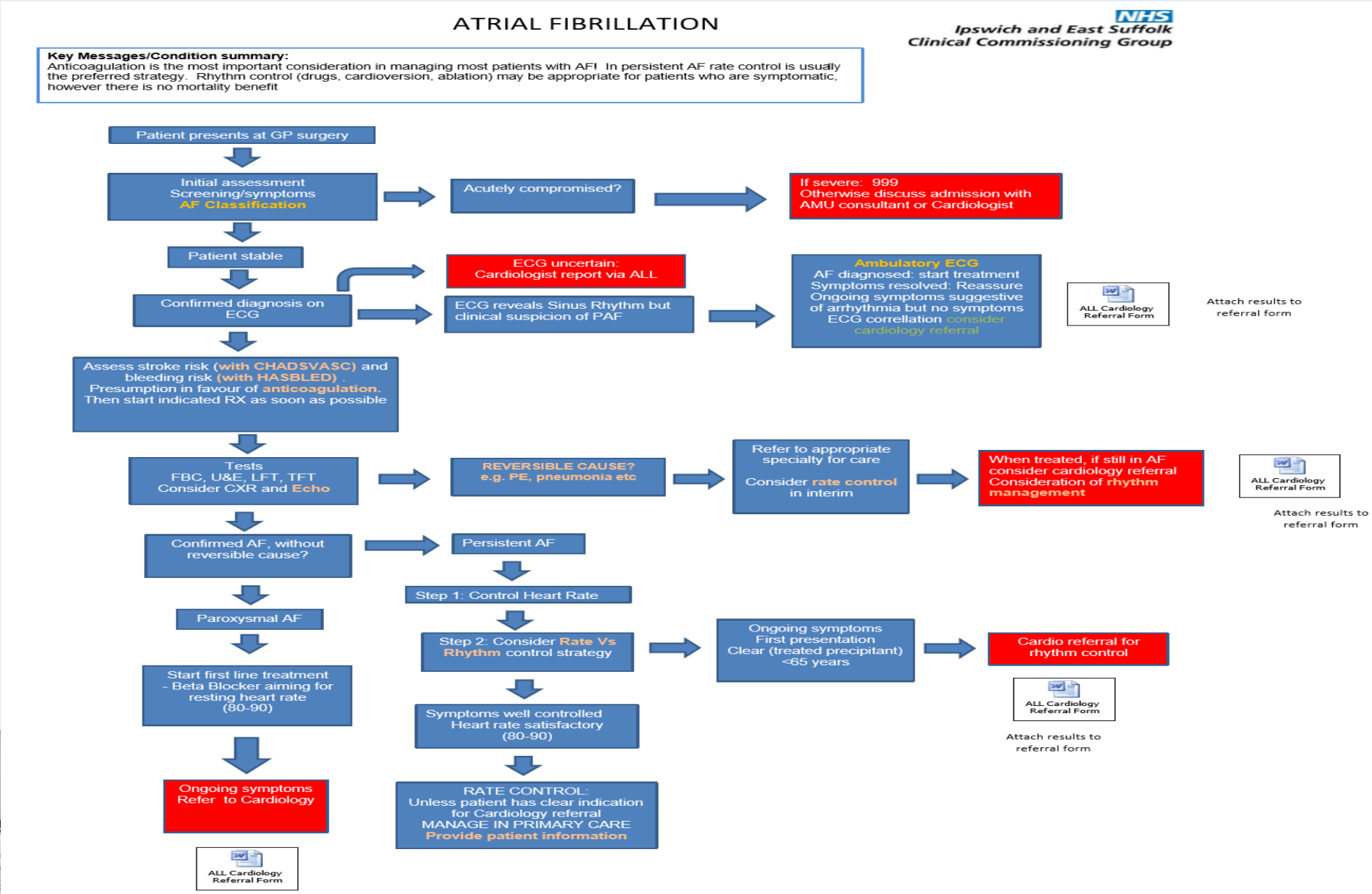
- Detection
- Care Pathway
- Tips, Tricks and Pitfalls
- Not Anticoagulation
  (this time)



Key points:

- **Targeted** screening is recommended:
  - All over 75s
  - Age 65-75 AND a risk factor
- Pulse check as part of health checks:
  - ECG
  - **ECG advice available!**

East Suffolk Pathway: Map of Medicine



European Heart Journal
doi:10.1093/eurheartj/ehw210

ESC GUIDELINES

2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS

The Task Force for the management of atrial fibrillation of the European Society of Cardiology (ESC)

Developed with the special contribution of the European Heart Rhythm Association (EHRA) of the ESC

Endorsed by the European Stroke Organisation (ESO)

Persistent AF:

Asymptomatic:

- Most common
- Primary care
- **Rate Control**
- Anticoagulation

Symptomatic:

- Palpitation, SOB, dizzy
- **Fast AF causes symptoms**
- **Rate Control**
- If ongoing symptoms:
  - Consider referral for Rhythm Control

FAQ's: Red Flags and Danger signs

- Structural heart disease
- Heart Failure
- Chest pain or Syncope
- Additional ECG abnormality eg LBBB
- Additional Arrhythmia eg VT

FAQ's: Who needs an ECHO?

- Most new cases

- Primary heart disease
- Secondary LV impairment

- Young (<65)
- Rhythm Control

- **<u>Rate Control First</u>**

Rate Control: Accepting AF

- Advantages: Simple, safe and successful
- Disadvantage: Some remain symptomatic

- Aim:
  - Resting Heart Rate (HR) of 70-90 bpm
  - HR on exertion of < 110 bpm (inactive)
  - HR 200bpm - Age (active patients)
  - **Persistent Tachycardia causes heart failure**

Rate Control: How?

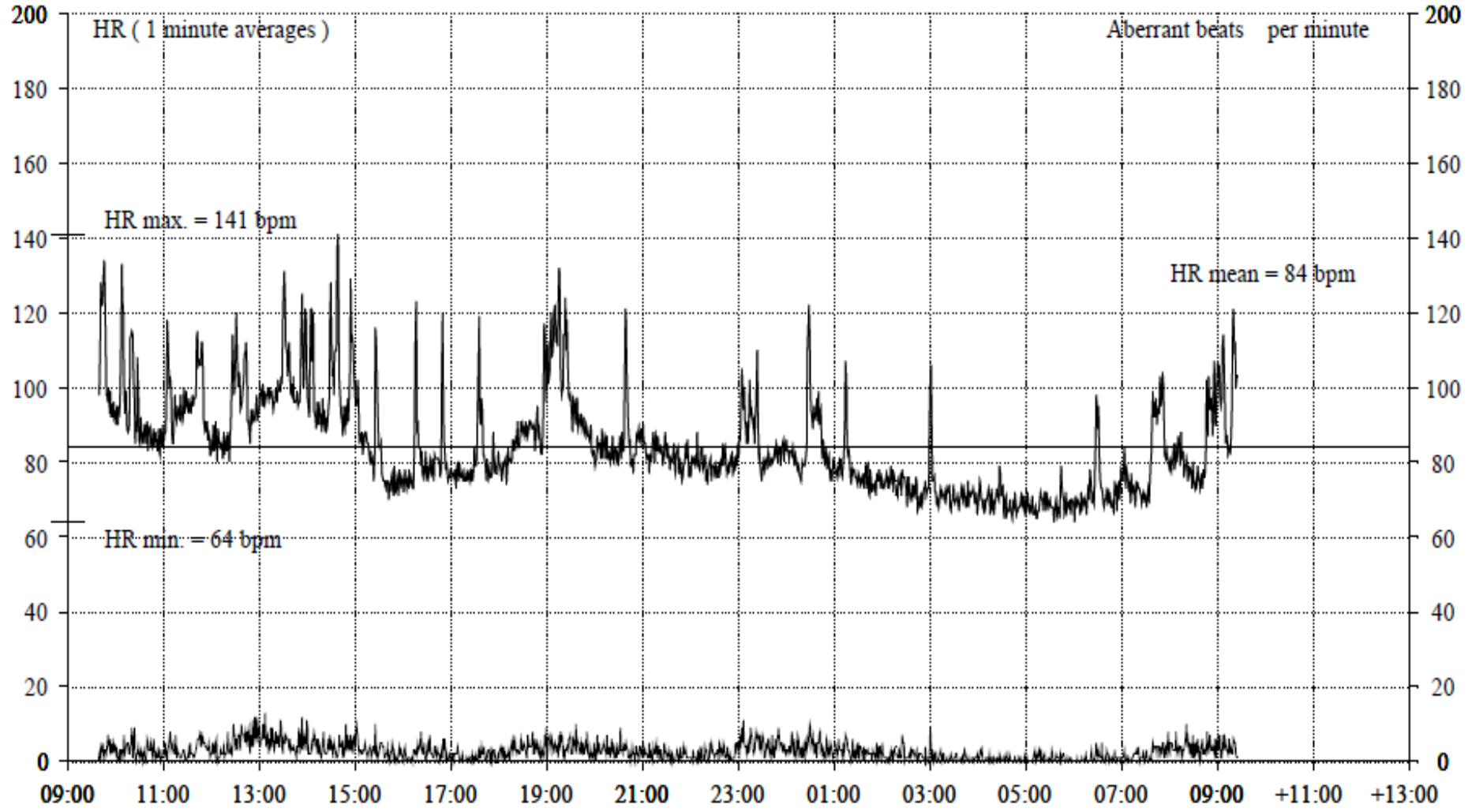
- Beta-blocker, Bisoprolol (2.5mg-10mg od)
- Rate Limiting CCB, Diltiazem (90-180 mg BD) NB. LVEF >40%
- If solo agent is not successful:

  A: Consider adding other option (LV normal)

  B: Consider adding in Digoxin

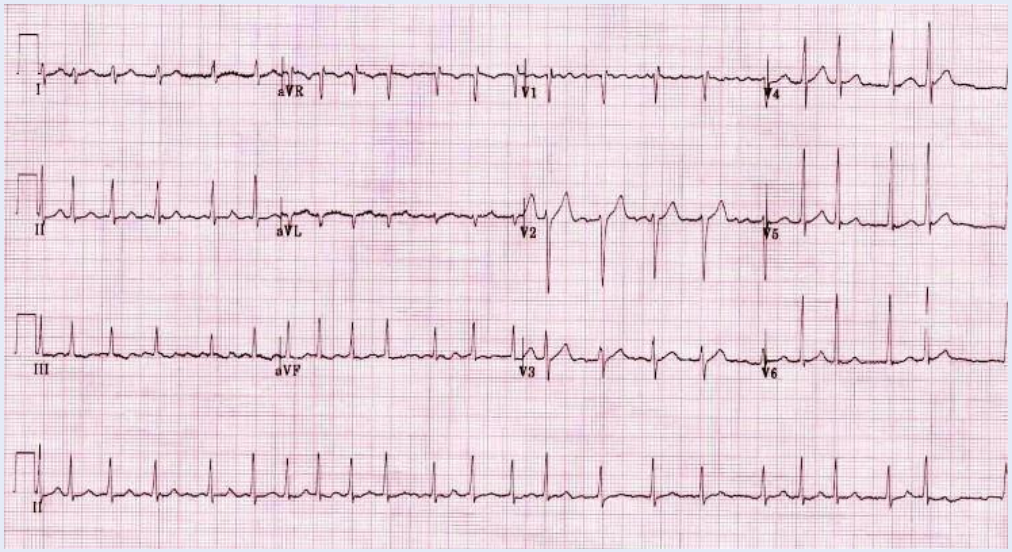
  Note: Digoxin alone is often ineffective

Rate Controlled AF on 24 hour tape



Persistent AF: 80 M, irregular pulse

- Clinical evaluation
- Baseline tests
  - Blood tests
  - /+ CXR and ECHO
- Treatment
  - Rate Control
  - Anticoagulant
- Follow-Up



Paroxysmal AF

- **Diagnosis :**
- History suggests AF, but SR ECG

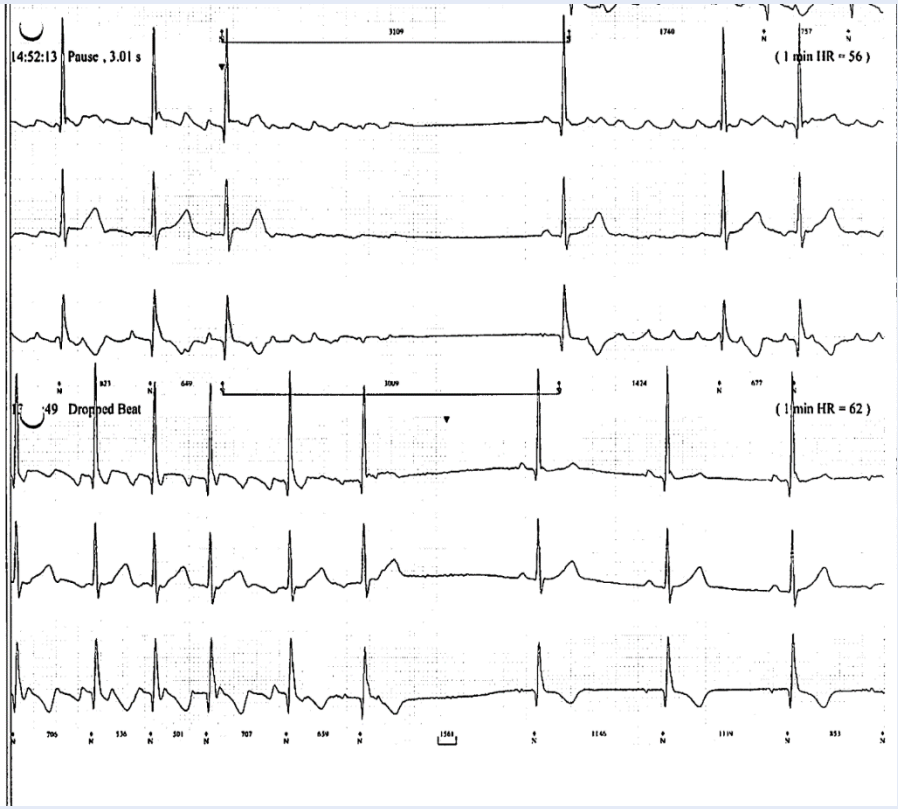
- ECG diagnosis essential
  - Monitoring
  - ECG during symptoms

FAQ’s: Who needs a Holter Monitor?

- Diagnosis PAF
- Symptomatic Persistent AF
- Assess Rate Control Persistent AF

Medical Treatment PAF

- First line:
  - **Beta-blocker**
  - Bisoprolol 2.5-10mg
  - Target 50-60bpm SR
- **Often Symptomatic:**
  - **Rhythm Control**

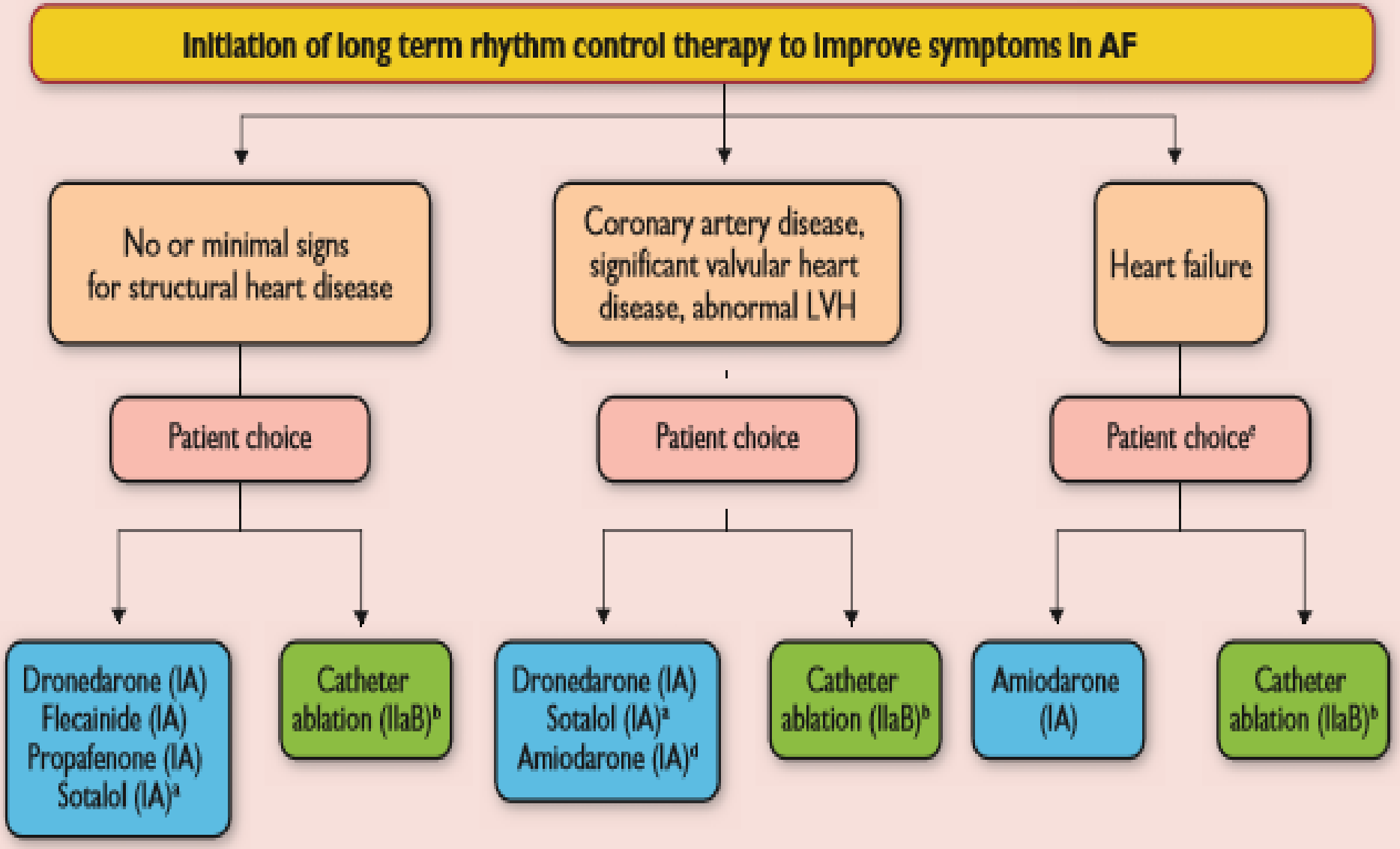


Rhythm Control: Key issues

- PAF or Post - Cardioversion
- Anti-Arrhythmic Medication
- AF Ablation

- Relapse Common
- Pro-Arrhythmia with AAD’s
- Clinical Follow-up
- ECG Follow-up

Treatment: PAF



Flecainide (50-150mg bd)

- First Line: Lone AF
- Contraindications:
  - Structural heart disease
  - CKD, Liver disease
- Pro-Arrhythmic:
  - ALWAYS Co-Prescribe AVN blocker
- Warning Sign:
  - ECG: QRS prolongation >25% baseline

Sotalol (80-160mg bd)

- Contraindications:
  - Poor LV, QT, Asthma, Low K+, CKD
- Pro-Arrhythmia:
  - Torsades de Pointes, Bradycardia
- Warning Sign:
  - ECG: QT>500 or increased >60ms
- Interactions:
  - QT prolonging agents

Amiodarone (200mg od)

- Important in AF + structural heart disease

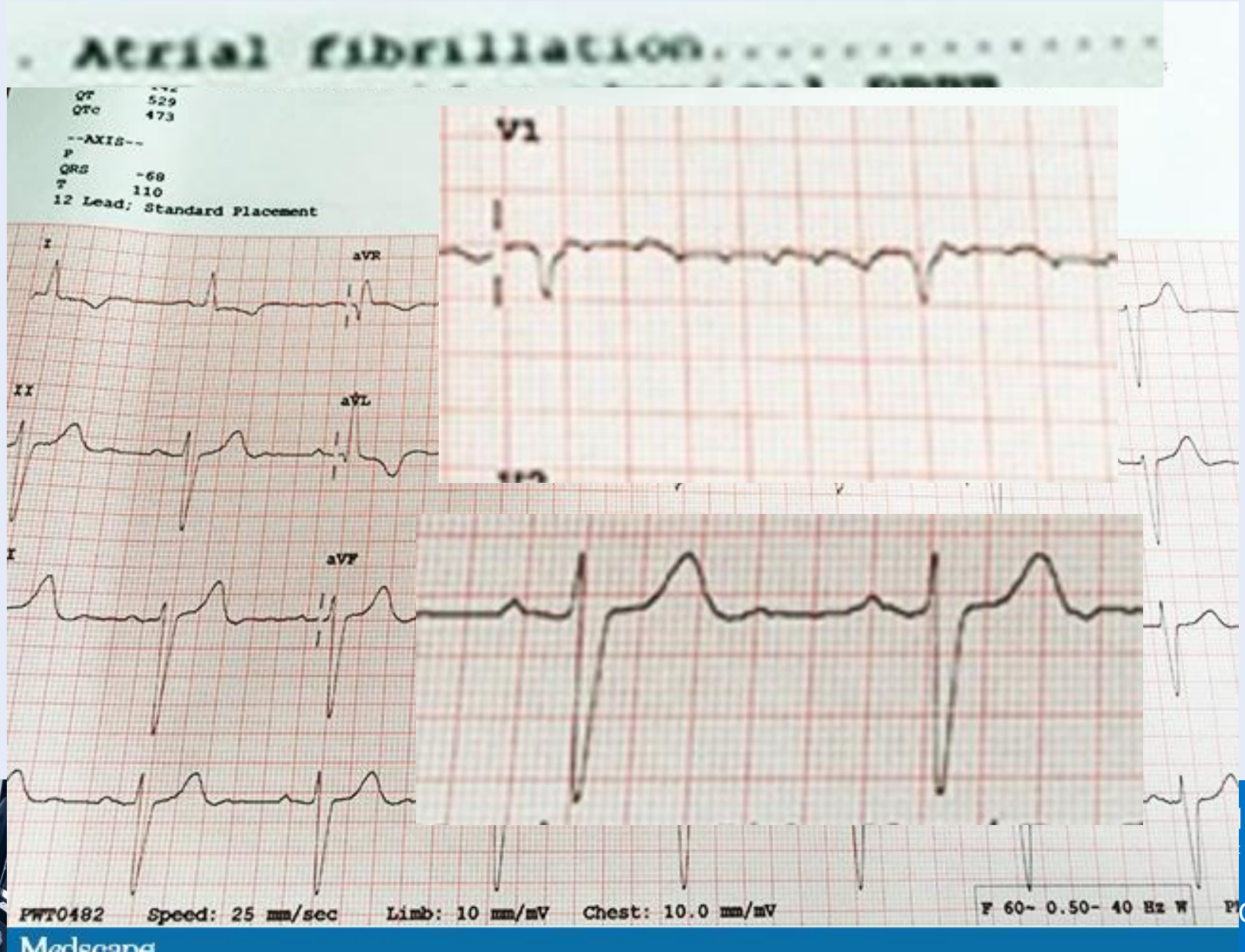
- Toxicity:
  - Liver, Thyroid, Lung
- Warning Sign:
  - ECG: QRS >500ms
- Drug interactions: Multiple

FAQ's: Who to refer?

- Symptomatic
- Often PAF
- Red Flag
- Young

- Refer to AF pathway
- Use Advice and Guidance
- Complete PRG

Don’t cede control to the machine



NHS

Care.

Conclusions / Key Points

- Primary Care management:
  - Advice and Guidance / ECG's
- Difficult AF:
  - Referral, shared care
  - Caution with AAD's

- Detection
- Lifestyle and Education

Links

- Map of Medicine:
  - IESCCG Atrial Fibrillation
- http://www.heartrhythmalliance.org/afa/uk/resources-for-hcps
- https://www.gmjournal.co.uk/screening-for-atrial-fibrillation-a-societal-imperative