Atrial Fib–Long Term Management

Step 1: Rate or Rhythm

Initial Choice (patient decision)
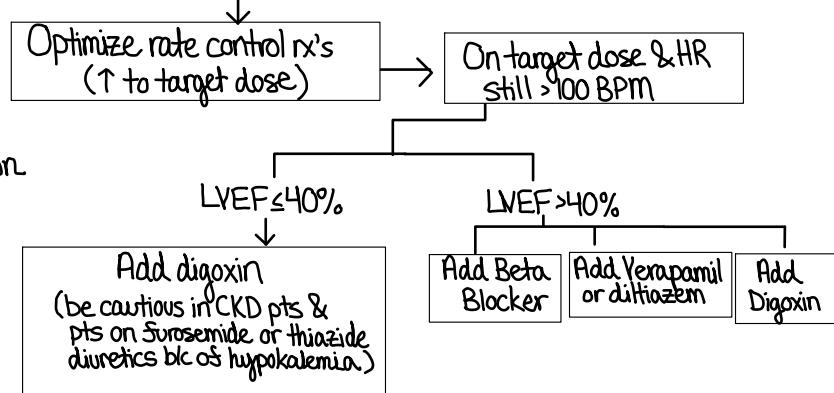
Rate Control
(HR >100 or poor Sx control)

→ Start long term rate control

Rhythm Control

Preferred if:
- recent AF diagnosis (<1yr)
- impaired qol b/c Sx
- multiple recurrence
- difficult achieving rate control
- cardiomyopathy

↓ Start Long Term Rhythm Control
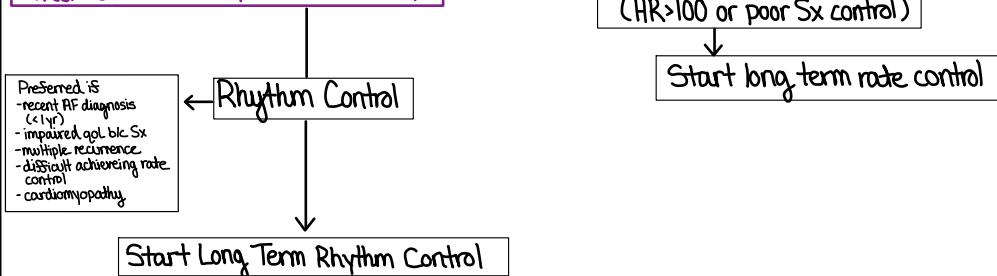
Assessing Control (on rx's)

What is patients HR? ———— >100 BPM

<100 BPM
↓
If Ø SE, continue & assess stroke prevention

>100 BPM
↓
Optimize rate control rx's
(↑ to target dose)
→ On target dose & HR still >100 BPM

LVEF ≤40%

Add digoxin
(be cautious in CKD pts & pts on furosemide or thiazide diuretics b/c of hypokalemia.)

LVEF >40%

| Add Beta Blocker | Add Verapamil or diltiazem | Add Digoxin |

Step 2: Stroke Prevention
↳ use relevant scoring tools to weigh risks & benefits to starting stroke prevention therapy

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