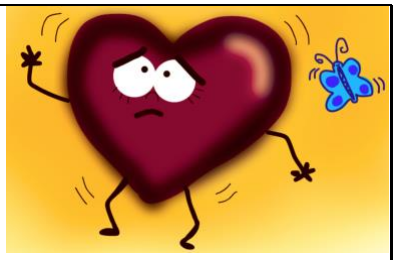
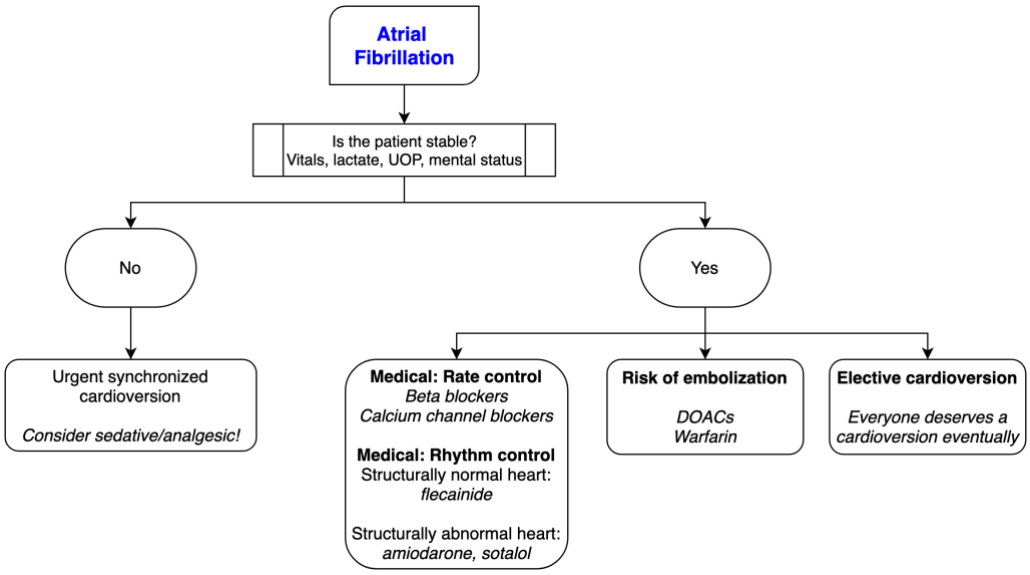
Atrial Fibrillation

Compiled by Moses Murdock (@haematognomist)
Discussant: Dr. Zaid Almarzooq



1. Description: non-organized atrial rhythm
    - vs. organized rhythms: atrial tachycardia, atrial flutter, etc.
    - Paroxysmal: self-terminating within 7 days
    - Persistent: lasts for more than 7 days or requiring termination with cardioversion
    - Long-standing persistent: more than 1 year → permanent
2. Clinical presentation:
    - Asymptomatic
    - Palpitations, shortness of breath
    - Tachycardia-mediated cardiomyopathy & CHF. Key question: which came 1st, CHF or Afib?
3. Causes/Precipitants
    - Increased sympathetic tone (exercise, emotion)
    - Structural heart disease, thyrotoxicosis
    - Alcohol
4. Management: symptom control + prevention of cardioembolism



5. Clinical Pearls:
    - Rate control: don't need to normalize HR, < 110 is reasonable target. Watch out for CHF
    - For antiarrhythmics, think side effects. Exp: amiodarone: "LFTs/PFTs/TFTs"
    - Risk calculators for embolization vs. bleeding risk
        - CHADs-VASC (stroke risk)
        - HAS-BLED (bleeding)
    - DOACs (apixaban, rivaroxaban etc.): not favored in those w/ prosthetic valves, obesity, compliance issues
    - Elective cardioversion:
        - If onset <48h &/or TEE ruling out clot in the heart → reassuring to proceed
            - Otherwise, wait for anticoagulation (3 weeks)
        - Anti-coagulate for at least 4 weeks after