Atrial Fibrillation

Diagnosis

- Irregularly irregular rhythm
- Lack of p waves before QRS
- Usually disease of old people

Treatment Goals

- Unstable → cardiovert
- Stable → Rhythm or rate control
- Anticoagulation

Cardioversion

- Electric vs chemical (amiodarone)
- Rule out atrial thrombus with TEE

EXCEPTIONS

- New onset (<48h) → cardiovert (electric or chemical)
- Hemodynamically unstable

Anticoagulation

- CHADS2VASC
- Use NOACs (Eliquis, Xarelto) for ease of use
- Must use warfarin if mechanical aortic valve + afib
- If hx of falls or frequent admissions for bleeds, have discussion about pro/cons
- If starting warfarin, generally don't need to bridge with heparin for afib

Rate / Rhythm control

- Most of the time, rate control is just as good as rhythm control.
- Theoretically, rhythm control doesn't need anticoagulation?
- Rate control with:
    - CCB (diltiazem) – avoid in systolic dysfunction
    - Beta-blockers (metoprolol)
    - Digoxin (generally avoid, but sometimes useful with systolic dysfunction)
- Rhythm control
    - Amiodarone – only real option in structure heart disease (systolic dysfunction)
- Ablation
    - Not very successful. Better success for atrial flutter.

RVR

- If new onset afib, consider cardioversion
- If secondary to underlying etiology (sepsis, pericarditis), focus on fixing that
- If elderly and asymptomatic, possibly ok to let HR stay in 120s for short while and monitor.
- Otherwise consider negative chronotropes

Complications

- Tachycardia induced cardiomyopathy
- Sick sinus / tachy-brady syndrome

Garg's Simple Medicine

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