Top Ten Things To Know
2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation

1. Atrial fibrillation is the most common dysrhythmia and increases in prevalence as people get older.

2. About 1% of persons 60 years or younger have AF, and among those 80 year olds and older, about 1/3 have AF.

3. Persons of European descent: 25% for men and 23% for women.(Or “The lifetime risk of having AF after age 40 for persons of European descent is 25% for men and 23% for women.”)

4. Several “extracardiac” conditions deemed contributors to atrial fibrillation include:
   a. Hypertension
   b. Obesity
   c. Sleep apnea
   d. Hyperthyroidism
   e. Alcohol/drugs

5. Some common comorbid chronic conditions noted among Medicare beneficiaries include:
   a. Hypertension
   b. Ischemic heart disease
   c. Hyperlipidemia
   d. Heart failure
   e. Diabetes mellitus
   f. COPD
   g. Anemia
   h. Arthritis
   i. Depression

6. Atrial fibrillation can be classified as paroxysmal, persistent, long-standing persistent or permanent. Atrial fibrillation without valvular disease is termed non-valvular atrial fibrillation.

7. Discussion and guidance is given for the new novel oral anticoagulant drugs for the prevention of thromboembolism and stroke, and their associated risks are discussed.

8. Non-pharmacologic approaches using left atrial appendage occluding devices and excision are discussed in this guideline.

9. Rate and rhythm control are addressed in detail, with recommendations for pharmacological and non-pharmacologic modalities.

10. Catheter ablation and surgical (MAZE) procedures are discussed with recommendations for different atrial fibrillation patient profiles.