



Tutorial



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supraventricular tachyarrhythmia caused by uncoordinated atrial activation and associated with irregular ventricular response

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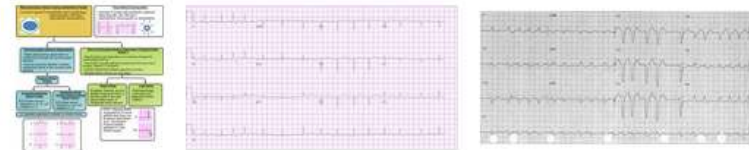


Image Results



More

Calculator Results

- Atrial Fibrillation and Arterial Thromboembolism Risk
- Atrial Fibrillation CHA(2)DS(2)-VASc Score for Stroke Risk
- Atrial Fibrillation Five Year Risk of Stroke or Death
- Atrial Fibrillation CHADS(2) Score for Stroke Risk

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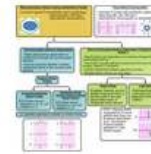
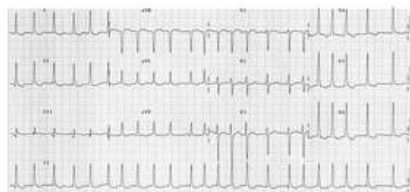


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Atrial Fibrillation and Arterial Thromboembolism Risk

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Atrial fibrillation

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Updates

[+] Updated 2015 Jul 23 12:34:00 PM

- review of treatment (JAMA 2015 Jul 21) [view update](#)
- TEE-guided early direct current cardioversion may reduce atrial fibrillation recurrence compared to conventional approach (cardioversion after 3 weeks of anticoagulation) in patients with atrial fibrillation for < 60 days, but not in patients with atrial fibrillation for > 60 days (Am J Cardiol 2015 Jul 15) [view update](#)
- incidence of cardiovascular events about 3% per year in elderly patients with atrial fibrillation taking vitamin K antagonists, and metabolic syndrome associated with increased risk (Chest 2015 Jun 1) [view update](#)

Overview and Recommendations

Background

- **Atrial fibrillation** (AF) is a common supraventricular tachyarrhythmia caused by uncoordinated atrial activation and associated with an irregularly irregular ventricular response.
- The **prevalence of AF** is approximately 1%-2% in the general population of developed countries.
- **Definitions** of atrial fibrillation:
 - Lone AF is atrial fibrillation in patients < 60 years old with no clinical history or echocardiographic evidence of cardiovascular disease.
 - Paroxysmal AF is recurrent atrial fibrillation that terminates spontaneously, lasting possibly up to 7 days, but usually < 48 hours.
 - Persistent AF is atrial fibrillation that is sustained > 7 days or requires termination by cardioversion.
 - Longstanding persistent AF is atrial fibrillation that is persistent > 1 year.
 - Permanent AF refers to atrial fibrillation in the presence of a joint decision by the patient and clinician to stop additional attempts to restore or maintain normal sinus rhythm.
- Patients with AF are often at significantly increased risk of thromboembolism.

Evaluation

- Suspect a diagnosis of atrial fibrillation (AF) on **physical exam** when an irregularly irregular heart rhythm is detected by palpation of a pulse or auscultation of heart sounds.
- Obtain an electrocardiogram (ECG) to establish the **diagnosis**. Characteristic findings include:
 - rapid oscillatory ('fibrillatory') baseline waves varying in amplitude, shape, and timing

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[Overview and Recommendations](#) / [Management](#)

- rate control of AF (overview [below](#) or see topic [Rate control in atrial fibrillation](#) for complete information)
- rhythm control of AF (overview [below](#) or see topic [Rhythm control in atrial fibrillation](#) for complete information)
- thromboembolic prophylaxis in AF (overview [below](#) or see topic [Thromboembolic prophylaxis in atrial fibrillation](#) for complete information)
- **ablation** therapy for AF (overview [below](#) or see topic [Ablation therapy for atrial fibrillation](#) for complete information)
- Offer [beta blockers](#) for patients undergoing cardiac surgery to prevent perioperative atrial fibrillation ([Strong recommendation](#)).
- Consider the following medications for the [prevention](#) of atrial fibrillation in patients with cardiovascular disease:
 - [angiotensin-converting enzyme inhibitors](#) or angiotensin receptor blockers ([Weak recommendation](#))
 - [statins](#), particularly in those with heart failure or who have coronary artery bypass grafting surgery ([Weak recommendation](#))

Related Summaries

- [Thromboembolic prophylaxis in atrial fibrillation](#)
- [Cardioversion of atrial fibrillation](#)
- [Rate control in atrial fibrillation](#)
- [Rhythm control in atrial fibrillation](#)
- **[Ablation therapy for atrial fibrillation](#)**
- [Physician Quality Reporting System Quality Measures](#)

General Information

Description

- supraventricular tachyarrhythmia caused by uncoordinated atrial activation and associated with irregular ventricular response⁽¹⁾

Also called

Você pode pesquisar dentro do texto de um sumário clínico, inserindo **um termo dentro de campo de busca** e clicando na lupa. Todas as ocorrências disponíveis do seu termo serão destacadas em amarelo.

Clique no **X** para eliminar a busca e remover os destaques.

Atrial fibrillation

General Information / Definitions

Management

- Factors that should be considered in managing patients with atrial fibrillation (AF) include:
 - hemodynamic stability
 - concurrent cardiovascular symptoms such as shortness of breath or chest pain
 - identification of possible contributing factors
 - duration of atrial fibrillation
- [Cardioversion of atrial fibrillation](#) may be necessary for patients with hemodynamic instability and/or cardiovascular symptoms. (Also see the overview of [cardioversion of atrial fibrillation](#) below.)
- Other specific treatment modalities include:
 - rate control of AF (overview [below](#) or see topic [Rate control in atrial fibrillation](#) for complete information)
 - rhythm control of AF (overview [below](#) or see topic [Rhythm control in atrial fibrillation](#) for complete information)
 - thromboembolic prophylaxis in AF (overview [below](#) or see topic [Thromboembolic prophylaxis in atrial fibrillation](#) for complete information)
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Related Summaries

- [Thromboembolic prophylaxis in atrial fibrillation](#)
- [Cardioversion of atrial fibrillation](#)
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Rate control

Cardioversion

Rhythm control

Thromboembolic prophylaxis

► Activity

Atrial fibrillation

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[Treatment](#) / [Treatment overview](#)

Treatment overview

- for specific treatment modalities
 - see overview of rate control in atrial fibrillation [below](#) or navigate to topic [Rate control in atrial fibrillation](#) for complete information
 - see overview of rhythm control in atrial fibrillation [below](#) or navigate to topic [Rhythm control in atrial fibrillation](#) for complete information
 - see overview of cardioversion of atrial fibrillation [below](#) or navigate to topic [Cardioversion of atrial fibrillation](#) for complete information
 - see overview of ablation therapy for atrial fibrillation [below](#) or navigate to topic [Ablation therapy for atrial fibrillation](#) for complete information
- for thromboembolic prophylaxis
 - see overview of thromboembolic prophylaxis in atrial fibrillation [below](#) or navigate to topic [Thromboembolic prophylaxis in atrial fibrillation](#) for complete information
 - [percutaneous left atrial appendage closure](#)
 - may be considered in patients with high stroke risk and contraindications for long-term oral anticoagulation ([ESC Class IIb, Level B](#))
 - may be considered in patients having open heart surgery ([ESC Class IIb, Level C](#))
 - [percutaneous closure of left atrial appendage](#) may be similar to warfarin therapy for prevention of stroke in patients with nonvalvular atrial fibrillation ([level 2 \[mid-level\] evidence](#))
- considerations for treatment setting, weight loss interventions, and other procedures
 - [hospital admission](#) may not be necessary for all patients with new-onset atrial fibrillation ([level 2 \[mid-level\] evidence](#)); suggested to limit hospital admission to highly symptomatic patients with failure to achieve adequate rate control ([CCS Conditional recommendation, Low-quality evidence](#)) or who have decompensated heart failure or myocardial ischemia ([CCS Strong recommendation, Low-quality evidence](#))

Todas as informações de tratamento e subseções são exibidas. Para fechar os tópicos de tratamento, clique em no link **Treatment** novamente.

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Treatment overview

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 - percutaneous closure of left atrial appendage may be similar to warfarin therapy for prevention of stroke in patients with nonvalvular atrial fibrillation (level 2 [mid-level] evidence)
- considerations for treatment setting, weight loss interventions, and other procedures
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Treatment overview

- for specific treatment modalities
 - see overview of rate control in atrial fibrillation for complete information
 - see overview of rhythm control in atrial fibrillation for complete information
 - see overview of cardioversion in atrial fibrillation for complete information
 - see overview of ablation therapy for atrial fibrillation for complete information
- for thromboembolic prophylaxis
 - see overview of thromboembolic prophylaxis in atrial fibrillation for complete information
 - percutaneous left atrial appendage occlusion
 - may be considered in patients with atrial fibrillation (Level B)
 - may be considered in patients with atrial fibrillation (Level B)
 - percutaneous closure of left atrial appendage with nonvalvular atrial fibrillation
- considerations for treatment
 - hospital admission may not be necessary for all patients with new-onset atrial fibrillation (level 2 [mid-level] evidence); suggested to limit hospital admission to highly symptomatic patients with failure to achieve adequate rate control (CCS Conditional recommendation, Low-quality evidence) or who have decompensated heart failure or myocardial ischemia (CCS Strong recommendation, Low-quality evidence)

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