PRACTICE AID

AAFP Updated Guideline on Pharmacologic Management of Newly Detected Atrial Fibrillation[1]

PeerView INSTITUTE FOR MEDICAL EDUCATION

MLI Medical Learning Institute, Inc.

UF Continuing Medical Education UNIVERSITY of FLORIDA

NATF North American Thrombosis Forum

Recommendation 1

✓ The AAFP strongly recommends rate control in preference to rhythm control for the majority of patients with AF

Preferred options for rate-control therapy include non-dihydropyridine calcium channel blockers and β-blockers

▼ Rhythm control may be considered for certain patients based on symptoms, exercise tolerance, and patient preferences

Recommendation 2

▼ The AAFP recommends lenient rate control (<110 bpm at rest) over strict rate control (<80 bpm at rest) for patients with atrial fibrillation

Recommendation 3

■ The AAFP recommends that clinicians discuss the risk of stroke and bleeding with all patients considering anticoagulation

▼ Clinicians should consider using the continuous $CHADS_2$ or continuous CHA_2DS_2-VASc for prediction for risk of stroke and HAS-BLED for prediction of risk for bleeding in patients with AF

Recommendation 4

✓ The AAFP strongly recommends that patients with atrial fibrillation receive chronic anticoagulation unless they are at low risk of stroke ($CHADS_2$ <2) or have specific contraindications

Choice of anticoagulation therapy should be based on patient preferences and patient history. Options for anticoagulant therapy may include warfarin, apixaban, dabigatran, edoxaban, or rivaroxaban

Recommendation 5

✓ The AAFP strongly recommends against dual treatment with anticoagulant and antiplatelet therapy in most patients who have atrial fibrillation

✓ Strong recommendation, high-quality evidence

✓ Strong recommendation, moderate-quality evidence

▼ Weak recommendation, low-quality evidence

■ Good practice point

AAFP: American Academy of Family Physicians; AF: atrial fibrillation; CHA_2DS_2-VASc: congestive heart failure, hypertension, age ≥75 years, diabetes mellitus, stroke/transient ischemic attack/thromboemolic event, vascular disease, age 65 to 74 years, sex category; $CHADS_2$: congestive heart failure, hypertension, age ≥75 years, diabetes mellitus, stroke/transient ischemic attack/thromboembolic event; HAS-BLED: hypertension, abnormal renal and liver function, stroke history, bleeding (prior major bleeding or predisposition to bleeding), labile INR, elderly (age >65 years), medication usage predisposing to bleeding and prior alcohol or drug usage history.

1. https://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/a-fib-guideline.pdf. Accessed March 3, 2020.

Access the activity, "Making the Connection: A Call to Action Against Undiagnosed Atrial Fibrillation," at **PeerView.com/NTH40**