Atrial Fibrillation Pathway

Cardiology

April, 2025

Presentation, Assessment & Anticoagulation (if indicated)

Patient presents in primary care with symptoms consistent with atrial fibrillation (AF) or incidental finding of AF

Initial assessment, history and examination

- Check pulse, BP, ECG, FBC, U&E, TFT
- Review and address if relevant alcohol intake, BMI, and/or symptoms of sleep apnoea
- Echo if AF confirmed particularly when *red flags present, unless unlikely to alter management e.g. frailty. See BSE outpatient and inpatient triage guidelines

Is patient acutely compromised with heart failure, or chest pain or hypotension, or recent syncope

Yes → Arrange urgent assessment in hospital (e.g. ED, SDEC, MAU)

No

AF confirmed with ECG?

No → ECG reveals sinus rhythm but clinical suspicion of paroxysmal AF

- Ambulatory ECG if symptoms are frequent enough to be captured
- Patient activated devices including wearables may be useful

AF diagnosis?

No → Palpitation pathway (*coming soon*)

Yes

Paroxysmal AF

Yes

Yes

- Assess stroke risk using CHA_2DS_2-VA. Use DOAC as first line anticoagulation. Anticoagulant to be offered where CHA_2DS_2-VA is ≥ 1 unless major contraindication
- Consider bleeding risk (with ORBIT or HAS-BLED) and address modifiable risk factors

*** Red flags**

- Structural heart disease (known or likely):
  - Abnormal resting ECG e.g. LBBB (other than longstanding RBBB)
  - CAD, valve disease or heart failure
  - Unexplained heart murmur
- History of chest pain
- Breathlessness at rest/orthopnoea
- Syncope
- History of sudden death in a first degree relative (<40 years)

Note

- Making the diagnosis of AF requires the prompt delivery of anticoagulation when indicated
- Anticoagulation may be withheld without the need for bridging e.g. for surgical procedures in patients anticoagulated only for AF
- Most patients should stop antiplatelet treatment when starting DOAC for AF, unless acute coronary syndrome or revascularisation has occurred within the last year, then tailored advice should be given to patient

Subsequent Management

Commence first-line treatment cardioselective beta-blocker aiming for resting heart rate (50-70 bpm when in sinus rhythm)

Ongoing symptoms

Refer to cardiology as per local guideline

Persistent AF (confirmed or likely to be continuous for > 7 days)

Step 1: Control heart rate

- Ensure heart rate controlled, using medication if required. This may be with a cardioselective beta-blocker, digoxin, diltiazem or verapamil. COPD is generally not a contra-indication to a cardioselective beta-blocker. Diltiazem and verapamil should not be used if EF is <40%. Combination therapy with digoxin can be valuable if monotherapy is inadequate.
- Aim resting rate generally >50 and <110 bpm

Step 2: Consider rate vs rhythm control strategy

Rate control strategy

Rhythm control strategies for use in specialist care: anti-arrhythmic drugs (class I or III), cardioversion, catheter ablation → Refer to cardiology as per local guideline

Symptoms controlled

No → Refer to cardiology as per local guideline

Yes

MANAGE IN PRIMARY CARE

Provide patient information leaflet and fact file

Factors against rhythm control strategy

- Elderly patients
- Longstanding persistent (> 1 year)
- Atrial dilatation
- Other structural heart disease
- Poorly controlled hypertension
- Obesity
- Untreated sleep apnoea

Factors to favour consideration of rhythm control strategy and/or referral to specialist

If any of these are present despite adequate rate control:

- Unacceptable symptoms
- Haemodynamic compromise
- Moderate or severe LV systolic impairment
- Moderate or severe valvular disease

Acronyms

- BP - Blood pressure
- ECG - Electrocardiogram
- FBC - Full blood count
- U&E - Urea & electrolytes
- TFT - Thyroid function test
- BMI - Body mass index
- BPM - Beats per minute
- AMU - Acute medical unit
- LBBB - Left bundle branch block
- RBBB - Right bundle branch block
- CAD - Coronary artery disease
- DOAC - Direct oral anticoagulant
- COPD - Chronic obstructive pulmonary disease
- EF - Ejection fraction
- LV - Left ventricular