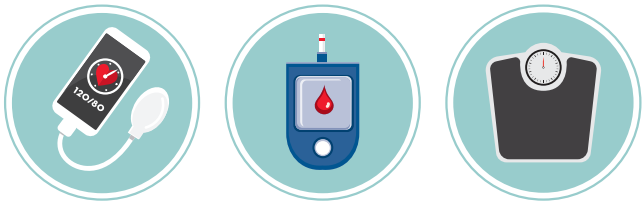
MANAGING ATRIAL FIBRILLATION

Top takeaways from the 2020 CCS/CHRS Comprehensive AF Guidelines

1

Control and manage risk factors that lead to atrial fibrillation.

AF is not an isolated heart rhythm disorder.



Risk factors include: high blood pressure, diabetes, obesity, sleep apnea, tobacco addiction, and excessive alcohol consumption.

2

Improve diagnosis by screening all patients aged 65 and over.

Screening during routine medical visits (through pulse palpitations, use of a stethoscope, and point-of-care ECG devices).

3

Reduce the risk of stroke with effective antithrombotic drugs.

Use the "CCS Algorithm" (CHADS-65) to identify individuals who should be prescribed blood thinners to prevent stroke.

Age ≥ 65 years → YES → OAC[1]

NO →

Prior Stroke or TIA or
Hypertension or
Heart failure or
Diabetes Mellitus
($CHADS_2$ risk factors)

→ YES → OAC[1]

NO →

Coronary or Peripheral Arterial Disease → YES → Antiplatelet therapy[2]

NO → No Antithrombotic

[1] A DOAC is preferred over warfarin

[2] Therapeutic options include ASA 81 mg daily alone, clopidogrel 75 mg daily alone, or ASA 81 mg daily in combination with either clopidogrel 75 mg daily, ticagrelor 60 mg bid, or rivaroxaban 2.5 mg bid (depending on clinical circumstance).

J.A. Andrade, L. Macle et al. CCS/CHRS Comprehensive Guidelines for the Management of AF. Can J Cardiol. 2020

4

Learn new advances in the treatment of complex patients.

Many people with AF are also living with coronary artery disease, chronic kidney or liver diseases, obesity, and more. The new guidelines include focused information on prescribing and adjusting anticoagulation for these complex cases.

5

Discover the significant advances made in how to return patients to normal heart rhythm.

Through pharmacological or electrical cardioversion therapy, antiarrhythmic drugs, and catheter ablation.

6

Recommend catheter ablation therapy as a frontline treatment to relieve symptoms in eligible patients by eliminating the triggers for AF.

7

Treat patients in integrated, multidisciplinary AF clinics.

Clinics that are focused on the whole person and the management of their risk factors. These clinics involve physicians, pharmacists, nurses, dietitians, exercise physiologists and others.

8

Learn new ways to prevent bleeding risk.

Probe how to manage medication interruptions. One example: Discontinue the routine use of aspirin for stroke prevention in people under the age of 65 with no other risk factors and no vascular disease.

9

Ensure patients who have experienced secondary AF are followed for an indefinite period.

The condition may reoccur. Atrial fibrillation can evolve and worsen over time and may lead to a permanent rhythm disorder.

10

Use and share CCS/CHRS Knowledge Translation tools available at CCS.CA.
Bookmark the Guidelines in the Canadian Journal of Cardiology and the Top 10 Takeaways in the Canadian Pharmacists Journal.
Join CCS and sign up for updates at guidelines@ccs.ca.

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