



Standard management of persistent or permanent AF

Rate control with anticoagulation with adjusted-dose coumadin preferred for most patients.

Monitoring

- Monitor INR at least weekly during the initiation of oral anticoagulation therapy and monthly when the patient is stable
- Goal INR two to three in coumadin-treated patients

Rate control

Pharmacologic maintenance of sinus rhythm is not recommended for most patients.

Digoxin provides rate control at rest only.

Rhythm maintenance for selected patients:

Patients with functional impairment due to AF, consider amiodarone, disopyramide, propafenone, and sotalol (drugs listed in alphabetical order).

During exercise and while at rest:

Atenolol, metoprolol, diltiazem, and verapamil (drugs listed alphabetically by class).

Patient Education

- Avoidance of non-steroidal anti-inflammatory drugs while on coumadin therapy
- Signs/symptoms of stroke and need for early treatment
- Self- monitoring of pulse (rate and rhythm)

Standards of Care References

1. Hart, Robert G., et al. *Antithrombotic Therapy to Prevent Stroke in Patients with Atrial Fibrillation: A Meta-Analysis. Annals of Internal Medicine.* 1999; 131:492-501.
3. Reiffel, J.A. and Camm, J. ed. *A Symposium: Atrial Fibrillation: Mechanism and Management. The American Journal of Cardiology.* October 16, 1998.
4. Van Gelder, I.C., Hagens, V.E., Bosker, H.A., Kingma, J.H., Kamp, O., Kingma, T., et al. *A Comparison of Rate Control and Rhythm Control in Patients with Recurrent Persistent Atrial Fibrillation. New England Journal of Medicine,* 2002;347:1834-40.
5. Gagem B.F., Waterman, A.D., Shannon, W., Boechler, M., Rich, M.W., Radford, M.J. *Validation of clinical classification schemes for predicting stroke: results from the National Registry of Atrial Fibrillation. The Journal of the American Medical Association,* 2001;285:2864-70.