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afibi الجديدة acIs إرشادات

false 02 Sep 2024 Prof. Isabelle Van Gelder Dipak Kotecha Banner-Guidelines_AFIB-Name-1500x1000.jpg Chairs of the Guidelines Task Force, Professor Isabelle C. Van Gelder (University of Groningen, University Medical Center Groningen - Groningen, Netherlands) and Professor Dipak Kotecha (University of Birmingham and University Hospitals Birmingham NHS Foundation Trust - Birmingham, UK), presented the new ESC Guidelines on atrial fibrillation (AF) to a packed auditorium.1 “Implementing patient-centred management to improve outcomes in those with AF is one of the main themes of the new guidelines,” explains Prof. Kotecha. “Past approaches have been evolved into the AF-CARE framework included in these guidelines, integrating the management of other health conditions as a critical part of improving and sustaining better patient wellbeing,” states Prof. Van Gelder. Addressing (C) comorbidities and risk factors is the starting point of the AF-CARE framework due to growing evidence that therapies for AF are most effective, and recurrence least likely, when associated health conditions have been effectively managed. This is followed by considering how best to (A) avoid stroke and thromboembolism, which are often preventable in patients at risk by appropriate prescription of oral anticoagulants, (R) rate and rhythm control should be offered to all suitable patients with AF to reduce symptoms, and in some cases to improve prognosis. (E) evaluation and reassessment should be individualised for every patient, with a dynamic approach that accounts for how AF and its associated conditions change over time. The guidelines present the AF-CARE principles applied to patient pathways and across different clinical settings to improve implementation in routine practice. Reflecting the current evidence base and improving implementation were key goals of the new guidelines, which were developed in parallel with learnings from the STEER-AF trial.2 presented in Hot Line 6. The STEER-AF trial – run by the ESC, European Heart Rhythm Association and the ESC Council on Stroke – aimed to improve implementation of guideline-adherent care. “The importance of a multidisciplinary approach to AF management cannot be overstated, and yet gaps in knowledge and skills are common among the broad array of healthcare professionals that treat patients with AF,” comments Prof. Van Gelder. Patient education and empowerment are strongly advocated in the new guidelines, with an emphasis on shared decision-making to improve outcomes for individual patients. A patient version of the 2024 ESC Guidelines on AF is being released at the same time, summarising the important messages and where patients can be involved to improve their own outcomes. Prof. Kotecha notes: “Giving patients the confidence to be involved in conversations and decision-making about their care has the potential to transform management of AF, which remains a complex condition that can severely affect patient quality of life.” The 2024 ESC Guidelines are now published in the European Heart Journal and the patient version is available on the dedicated webpage Guidelines for Patients. Van Gelder IC, et al. 2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association of Cardio-Thoracic Surgery (EACTS). Eur Heart J. 2024. doi:10.1093/eurheartj/ehae176. Sterlinski M, et al. Europace. 2024;26:euae178. Read other Congress news Watch ESC TV Browse On Demand content English العربية (Arabic) Bahasa Malaysia (Bahasa Malay) 简体中文 (中国) (Chinese Simplified) 繁體中文 (臺灣) (Chinese Traditional) Deutsch (German) עברית (Hebrew) Indonesian Italiano (Italian) 日本語 (Japanese) Kazakh КҚ (Korean) Polski (Polish) Português (Portuguese) Русский (Russian) Español (Spanish) ไทย (Thai) Tiếng Việt (Vietnamese) English العربية (Arabic) 简体中文 (中国) (Chinese Simplified) Italiano (Italian) 日本語 (Japanese) Português (Portuguese) Español (Spanish) Deutsch (German) Italiano (Italian) 日本語 (Japanese) Português (Portuguese) Español (Spanish) English 简体中文 (中国) (Chinese Simplified) Deutsch (German) Italiano (Italian) 日本語 (Japanese) Português (Portuguese) Español (Spanish) The newest clinical guideline released by the ACC and the American Heart Association (AHA) provides new and updated recommendations for preventing and optimally managing atrial fibrillation (AFib). The 2023 ACC/AHA/ACCp/HRS Guideline for the Diagnosis and Management of Atrial Fibrillation updates two separate guidelines from 2014 and 2019, respectively, and includes new recommendations addressing AFib and thromboembolic risk assessment, anticoagulation, left atrial appendage occlusion, AFib catheter or surgical ablation, as well as risk factor modification and prevention. Among the highlights, are a stronger, more prescriptive focus on healthy lifestyle habits to prevent or lessen the burden of AFib across the disease continuum, including weight loss, physical activity, smoking cessation, alcohol moderation, hypertension and other comorbidities. Use of clinical care pathways, such as nurse-led AFib clinics, is also reasonable, according to the guideline, when it comes to “promoting comprehensive, team-based care and to enhance adherence to evidence-based therapies for AFib and associated conditions.” The guideline also sets forth a new way to classify AFib, using stages that reinforce the continuum of the disease and underscore the need to use a variety of strategies, including prevention, lifestyle and risk factor modification, screening, and therapy. Previously, AFib was primarily classified based only on arrhythmia duration, which, although useful, tended to emphasize specific therapeutic interventions as opposed to a more holistic and multidisciplinary management approach, according to the authors. Early and more aggressive rhythm control in general is also addressed, along with upgraded recommendations for catheter ablation as first-line therapy to prevent disease progression in select patients, including those with heart failure with reduced ejection fraction. The updated recommendation is the result of recent randomized studies that have demonstrated the superiority of catheter ablation over drug therapy for rhythm control. Flexibility in using clinical risk scores and expanding beyond CHA2DS2-VASc for prediction of stroke and systemic embolism are also a focus of the new guideline, as is consideration of stroke risk modifiers that may inform shared decision-making conversations between patients and clinicians. Updated guidance on the management of heart rate and rhythm medications, use of anticoagulants, and when to temporarily pause or stop these therapies is also a focus of the new guideline. Additionally, left atrial appendage occlusion devices receive higher level Class of Recommendation, based on new data showing safety and efficacy. “The new guideline reinforces the urgent need to approach AFib as a complex cardiovascular condition that requires disease prevention, risk factor modification, as well as optimizing therapies and patients’ access to care and ongoing, long-term management,” says Jose Joglar, MD, FACC, chair of the writing committee. “This is a complex disease. It’s not just an isolated disorder of the heart’s rhythm, and we now know that the longer someone is in AFib, the harder it is to get them back to normal sinus rhythm.” Clinical Topics: Arrhythmias and Clinical EP, Atrial Fibrillation/Supraventricular Arrhythmias Keywords: Atrial Fibrillation, Guideline, Guidelines as Topic publish date: Nov 30, 2023 Go to JACC article Download PDF Skip to main content Renew your Professional Membership before the June 30, 2025 deadline. Renew Today!