

Rate Versus Rhythm Management

In patients who suffer with Atrial Fibrillation a question is asked as to whether it would be in their best interests to be looked after in the new stable rhythm of Atrial Fibrillation or is it necessary to try to return the heart to its normal 'sinus' rhythm. This question is termed '**Rate versus Rhythm Management**'.

Patients who suffer from Atrial Fibrillation may have physical symptoms of palpitations, breathlessness, lethargy or loss of exercise tolerance (tiredness at an earlier point of activity) or they may have no symptoms. It does not matter how symptomatic the Atrial Fibrillation is for the patient's risk of stroke to be increased (see the AFA booklet 'Blood Thinning in Atrial Fibrillation for more information). However, symptoms will determine choices in the ongoing management.

Although it would seem to make sense that if a patient is returned to their normal sinus rhythm from Atrial Fibrillation the risk of stroke would return to normal, this has not yet been proved to be the case by evidence from studies. The risk (which is small in young people with normal hearts) would seem to remain, just on the fact that the person had once gone into Atrial Fibrillation.

Due to this lack of change in stroke risk with a return to sinus rhythm, if a person's symptoms can be controlled with medication, while leaving them in Atrial Fibrillation this is often the simpler and safer option.

If the heart has an acceptable rate, judged by monitoring over a 24 hour period with a small ECG machine, and the patient is asymptomatic, then only the medication for the reduction of stroke risk needs to be considered.

However if the heart is found to have a rapid rate at rest, or during activity, then a patient will need medication to reduce the heart rate. This is usually commenced with either a beta-blocker or a rate limiting calcium channel blocker (see AFA information sheet).

Sometimes one of these may be prescribed but may not be effective. In this case the alternative drug can be used. If the alternative cannot be given for other reasons then often digoxin (see AFA information sheet) is given in combination.

When, despite a combination of rate affecting medication, symptoms or rate cannot be controlled, then a return to sinus rhythm needs to be considered. If this is thought to be achievable, this will need to be discussed with your heart rhythm specialist.

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