

## Focus on AF

### - Information for Medical Professionals

#### Introduction

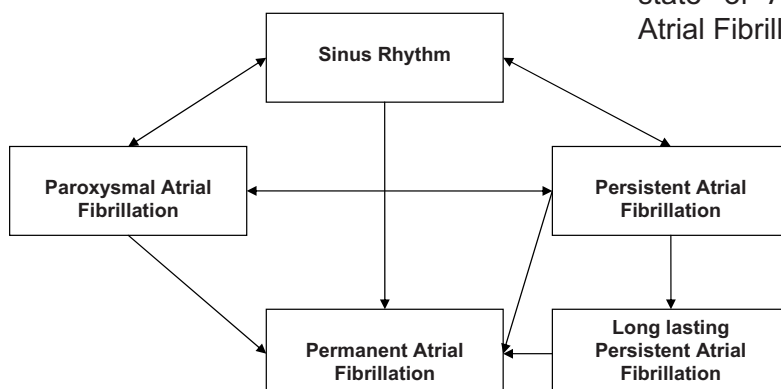
Atrial Fibrillation is the commonest sustained cardiac arrhythmia and if left untreated can lead to stroke and other cardiac issues. It carries a significant cost to individuals through stroke and life affecting symptoms, as well as a financial burden to the National Health Service consuming 1% of the gross NHS budget.

Many clinicians currently in practice when educated about atrial fibrillation were taught that this was a benign arrhythmia, however with interest growing in this area it is clear that this is neither a benign issue nor a well understood situation.

In a year that has seen the first AF Europe conference held in London and the formation of the Atrial Fibrillation Association it is an opportunity of focus on the many changes that have occurred in the understanding of Atrial Fibrillation.

#### Classification of Atrial Fibrillation

There is a clear distinction between the rhythm of the heart with atrial contraction (sinus rhythm) and when the atrial contraction becomes erratic and a diagnosis of Atrial Fibrillation is made.



Although this clear distinction is made it is also apparent that different patients can respond in different ways once Atrial Fibrillation has commenced.

**Paroxysmal Atrial Fibrillation:** When a person lapses in to Atrial Fibrillation and then returns to sinus rhythm within 7 days without intervention

**Persistent Atrial Fibrillation:** When a person lapses in to Atrial Fibrillation for a period of in excess of 7 days and less than 1 year (or less than 7 days when treated). In this setting a return to sinus rhythm should be anticipated through intervention

**Long Standing Persistent Atrial Fibrillation:** When a person lapses in to Atrial Fibrillation for in excess of a year however remains amenable to interventional therapy to return to sinus rhythm

**Permanent Atrial Fibrillation:** When a person lapses in to Atrial Fibrillation without any prospect of a return to sinus rhythm.

The dilemma for the clinician involved in the management of the patient is to classify the patient appropriately and to ensure that the correct therapies are instituted. At present there is no clear investigation that can determine if a patient has entered a Persistent state of Atrial Fibrillation of a Permanent Atrial Fibrillation state.

#### Aetiology

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