Table 3

Management strategies for rate or rhythm control of atrial fibrillation (AF)

Therapy	Indication	Special considerations
Flecainide	**Contraindicated** in patients with CAD	Increased risk of sudden death
Beta-blockers	Rate control Indicated post ACS and in heart failure	Considered first line
Calcium channel blockers (diltiazem and verapamil)	Rate control	Contraindicated in heart failure with reduced ejection fraction. Avoid combination of verapamil and beta-blocker (risks severe bradycardia or AV block)
Digoxin	Rate control	Limited efficacy during exercise
Amiodarone	Maintenance of sinus rhythm	Requires careful counselling and checking/monitoring of TFTs, LFTs and lung function. Titrate to lowest effective dose
Sotalol	Maintenance of sinus rhythm	Confers risk of arrhythmia and sudden death Avoid in heart failure with reduced ejection fraction
Dronedarone	Maintenance of sinus rhythm (third line to amiodarone and sotalol)	Avoid in heart failure with reduced ejection fraction Requires close LFT monitoring. Avoid if AF becomes persistent
Catheter ablation	Maintenance of sinus rhythm: — Severe drug refractory symptoms — AF mediated LV dysfunction	Carries significant risk of complications and patient selection important to confer most benefit
AV node ablation and pacemaker implantation	Patients with severely symptomatic drug refractory AF unsuitable for/declined AF ablation Patients with heart failure and CRT in order to optimise biventricular pacing	May be useful in patients with ischaemia and symptoms related to difficult rate control