Atrial Fibrillation

Marianne Camargo, MD

Educational objectives:

1. Recognize the clinical presentation of Atrial Fibrillation
2. Appropriately triage patients to the different classifications
3. Manage Atrial Fibrillation in the outpatient setting according to classifications
4. Learn when referral to the hospital or for specialty care is appropriate

Case 1, Part 1

Mr. C is an 85 y/o man who comes to clinic for follow-up. He has a hx of HTN, HL, CAD & diastolic dysfx. He reports about 1 week of increase fatigue, DOE, and lightheadedness. He denies palpitations, fever, nausea, vomiting, syncope, chest pain or neurologic symptoms. His medications are lisinopril, lasix, Lipitor and aspirin. On exam he is afebrile, HR: 130 irregular, BP: 110/65, RR: 15, O2 sat 98% RA. He appears comfortable, and in NAD. No JVD, heart with soft systolic murmur that was present before, irregular heart rate, S4, lungs clear bilaterally and trace edema. EKG reveals AFib with a rate of 130 bpm, twi in the precordial leads that has been noted

Questions:

1. **What is the next step in management?**

2. **How would you choose to manage his arrhythmia?**

Case 1, Part 2

Despite treatment with appropriate doses of BB his HR continues to be in the 130's. Digoxin was added to the regimen but it is ineffective. Referral to cardiology is made. He undergoes a trial of rhythm control with an antiarrhythmic without success. TEE is performed and it shows no thrombus in the left atrial appendage; but does show a decrease in his EF from 50% to 40%, he continues to be properly anticoagulated. He undergoes synchronized cardioversion, but his rhythm returns to afib 2 weeks later.

Questions:

1. **What therapeutic options are available for this patient?**

2. **If on initial presentation to the clinic, the pt's BP were 88/45, RR: 25, was diaphoretic, dizziness and complaining of chest pain. What would be the management then?**

Case 2, part 1

Mr. C is an 41 y/o man comes to clinic for evaluation. He reports having episodes of a "funny fluttery feeling" in his chest which are accompanied by fatigued and lightheadedness. These episodes last for about 30 min and self resolve. He has no medical history, takes no medications. Works as a consultant, drinks 1 cup of coffee in the morning, drinks alcohol socially, doesn't smoke or use any illicits. Vitals are normal including a regular heart rate. EKG shows NSR without any abnormalities, cxr is unremarkable.

1. **What is the next step in management of this patient?**

Case 2, Part 2

The blood tests that you ordered were WNL. Imaging was also normal.

You received a report from the cardiology lab that reports various episodes of Afib, that are self limited lasting approx. 30 min. Max HR was reported in the 140's and lowest HR was reported in the low 50's

1. **How would you classify his arrhythmia and what is the next step in management of this patient?**

2. **Does this patient need anticoagulation?**