

The Medical Journal of Australia • MJA

MEDIA RELEASE

NEW GUIDELINES FOR ATRIAL FIBRILLATION, HEART FAILURE

EMBARGOED UNTIL 12:01am Thursday, 2 August 2018

AUSTRALIA's first guidelines for the diagnosis and management of atrial fibrillation (AF) – an increasingly prevalent heart arrhythmia which heightens the risk of stroke – have been developed by the National Heart Foundation of Australia (NHF) and the Cardiac Society of Australia and New Zealand (CSANZ) and summarised in the *Medical Journal of Australia*.

International guidelines on AF do exist, but according to the authors of the new recommendations, “individual recommendations may differ, and no guidelines have previously been developed specific to the Australian population”.

Led by Professor David Brieger, the large group of experts working with the NHF and the CSANZ, developed the guidelines “to assist Australian clinicians in the diagnosis and management of adult patients with AF”, using “recent evidence interpreted by local experts to optimise application in an Australian context”.

Changes in management as a result of the guidelines include:

- Opportunistic screening in the clinic or community is recommended for patients over 65 years of age.
- The importance of deciding between a rate and rhythm control strategy at the time of diagnosis and periodically thereafter is emphasised; beta-blockers or non-dihydropyridine calcium channel antagonists remain the first line choice for acute and chronic rate control; cardioversion remains the first line choice for acute rhythm control when clinically indicated; flecainide is preferable to amiodarone for acute and chronic rhythm control; failure of rate or rhythm control should prompt consideration of percutaneous or surgical ablation.
- The sexless CHA₂DS₂-VA score is recommended to assess stroke risk, which standardises thresholds across men and women; anticoagulation is not recommended for a score of 0, and is recommended for a score of ≥ 2 ; if anticoagulation is indicated, non-vitamin K oral anticoagulants are recommended in preference to warfarin.
- An integrated care approach should be adopted, delivered by multidisciplinary teams, including patient education and the use of eHealth tools and resources where available; regular monitoring and feedback of risk factor control, treatment adherence and persistence should occur.

Guidelines for the prevention, detection and management of heart failure (HF) have been updated and a summary is also published today by the *Medical Journal of Australia*.

Replacing the 2011 NHF/CSANZ guidelines, they have been “designed to facilitate the systematic integration of recommendations into HF care”.

“This should include ongoing audit and feedback systems integrated into work practices in order to improve the quality of care and outcomes of patients with HF,” wrote the authors, led by Dr John Atherton, Director of Cardiology at the Royal Brisbane and Women's Hospital. The NHF and CSANZ funded and coordinated the development of the new heart failure guidelines..

Executive summaries of both sets of new guidelines can be found at <http://www.mja.com.au>

The full clinical guidelines for AF can be found at <https://doi.org/10.1016/j.hlc.2018.06.1043>

The full clinical guidelines for HF can be found at <https://doi.org/10.1016/j.hlc.2018.06.1042>

Please remember to credit *The MJA*.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA or the MJA unless that is so stated.

CONTACTS: Karen Kissane
Director Media Relations
Heart Foundation
Ph: 0478 483 777
Email: karen.kissane@heartfoundation.org.au