

What is Required to Change Guidelines?

A Perspective on the AHA/ACC/HRS AF Guidelines

Hugh Calkins MD
Professor of Medicine
Johns Hopkins Medicine



2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation

A Report of the American College of Cardiology/American Heart Association
Task Force on Practice Guidelines and the Heart Rhythm Society

Developed in Collaboration With the Society of Thoracic Surgeons

Writing Committee Members*

Craig T. January, MD, PhD, FACC, *Chair*
L. Samuel Wann, MD, MACC, FAHA, *Vice Chair**

Joseph S. Alpert, MD, FACC, FAHA*†
Hugh Calkins, MD, FACC, FAHA, FHRS*‡§
Joaquin E. Cigarroa, MD, FACC†
Joseph C. Cleveland Jr, MD, FACC||
Jamie B. Conti, MD, FACC, FHRS*†
Patrick T. Ellinor, MD, PhD, FAHA†
Michael D. Ezekowitz, MB, ChB, FACC, FAHA*†
Michael E. Field, MD, FACC, FHRS†
Katherine T. Murray, MD, FACC, FAHA, FHRS†
Ralph L. Sacco, MD, FAHA†

William G. Stevenson, MD, FACC, FAHA, FHRS*¶
Patrick J. Tchou, MD, FACC‡
Cynthia M. Tracy, MD, FACC, FAHA†
Clyde W. Yancy, MD, FACC, FAHA†

*Writing committee members are required to recuse themselves from voting on sections to which their specific relationships with industry and other entities may apply; see [Appendix 1](#) for recusal information.

†ACC/AHA Representative. ‡Heart Rhythm Society Representative.

§ACC/AHA Task Force on Performance Measures Liaison. ||Society of Thoracic Surgeons Representative. ¶ACC/AHA Task Force on Practice Guidelines Liaison.

The Bad News:

No Recommendations are Made for Screening for Asymptomatic AF

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3.1. Basic Evaluation of the Patient With AF

3.1.1. Clinical History and Physical Examination

The initial evaluation of a patient with suspected or proven AF involves characterizing the pattern of the arrhythmia (paroxysmal, persistent, long-standing persistent, or permanent), determining its cause, defining associated cardiac and extracardiac disease, and assessing thromboembolic risk. Symptoms, prior treatment, family history, and a review of associated conditions and potentially reversible risk factors as outlined in **Table 5** should be recorded.

The physical examination suggests AF by the presence of an irregular pulse, irregular jugular venous pulsations, and variation in the intensity of the first heart sound or absence of a fourth sound previously heard during sinus rhythm. Physical examination may also disclose associated valvular heart disease or myocardial abnormalities. The pulse in atrial flutter is often regular and rapid, and venous oscillations may be visible in the jugular pulse.

The Good News:
The ACC/AHA/HRS AF Guidelines are Currently Being Updated
And a Number of the Members of the AF Screen
Are On the Writing Group

The process is evidence based so the best way to change recommendations is the presence of data proving that screening for AF impacts hard outcomes such as stroke and mortality.

In the absence of this type of evidence, consensus opinion plays a key role.

The timing of the AF Screening Initiative Could not be Better Provided Our Document Gets Published Rapidly.

Thank You