

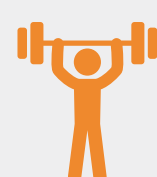
# The 2016 ESC AF guidelines in 17 bullet points



Please find below 17 simple rules to guide diagnosis and management of AF patients according to the 2016 ESC/EACTS/ESO Guidelines for the management of atrial fibrillation.



1. Use ECG screening in at risk populations for atrial fibrillation, especially stroke survivors and the Elderly.
2. Document AF by ECG before starting treatment.
3. Evaluate all AF patients by clinical evaluation, ECG, and echocardiogram for underlying cardiovascular conditions such as hypertension, heart failure, valvular heart disease, and others.
4. Provide tailored information and education to AF patients to empower them to support AF management.
5. Propose life style changes to all suitable AF patients to make their management more effective.



6. Treat underlying cardiovascular conditions adequately, e.g. valve repair or replacement in AF patients with significant valvular heart disease, treatment of heart failure, or management of hypertension, among others.

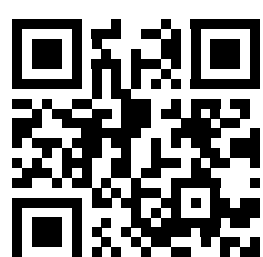


7. Use oral anticoagulation in all AF patients unless they are at low risk for stroke based on the CHA<sub>2</sub>DS<sub>2</sub>-VASc score or have true contraindications for anticoagulant therapy.
8. Anticoagulate patients with atrial flutter similar to atrial fibrillation. Offer isthmus ablation to symptomatic flutter patients.
9. Reduce all modifiable bleeding risk factors in all AF patients on oral anticoagulation, e.g. by treating hypertension, minimising the duration and intensity of concomitant antiplatelet and NSAID therapy, treating anaemia and eliminating causes for blood loss, maintaining stable INR values in patients on vitamin K antagonists, and moderating alcohol intake.
10. Check ventricular rate in all AF patients and use rate control 49 medications to achieve lenient heart rate control (<110b m at rest initially).
11. Evaluate AF-related symptoms in all AF patients using the modified EHRA score. Whenever patients have AF-related symptoms, aim to improve symptoms by adjustment of rate control therapy and by offering antiarrhythmic drugs, cardioversion, or catheter or surgical ablation.
12. Select antiarrhythmic drugs based on their safety profile and consider catheter or surgical ablation when antiarrhythmic drugs fail.



13. Do not offer routine genetic testing in AF patients unless there is a suspicion for an inherited cardiac condition.
14. Do not use antiplatelet therapy for stroke prevention in AF.
15. Do not permanently discontinue oral anticoagulation in AF patients at increased risk of stroke unless such a decision is taken by a multidisciplinary team.
16. Do not use rhythm control therapy in asymptomatic AF patients, nor in patients with permanent AF.
17. Do not perform cardioversion or catheter ablation without anticoagulation unless an atrial thrombus has been ruled out by transesophageal echocardiogram.

For **MORE INFORMATION**  
related to Atrial Fibrillation,  
please visit  
**GETSMARTABOUTAFIB.IE**



[www.escardio.org/guidelines](http://www.escardio.org/guidelines)  
Paulus Kirchhof, 2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS, European Heart Journal, Volume 37, Issue 38, 7 October 2016, Pages 2893–2962, <https://doi.org/10.1093/eurheartj/ehw210> EUROPEAN SOCIETY OF CARDIOLOGY