

### Acute AF

**Context:** AF is often discovered during inpatient admission, frequently for unrelated issues. This has previously been referred to as “secondary” AF as it was attributed to ongoing systemic illness.

**Current:** Acute AF is now the preferred term for AF first detected or managed during acute illness.<sup>1</sup> Acute AF reflects both triggers and underlying predisposition that creates favorable substrate for AF. As such, patients with acute AF are at high risk for long-term recurrence.

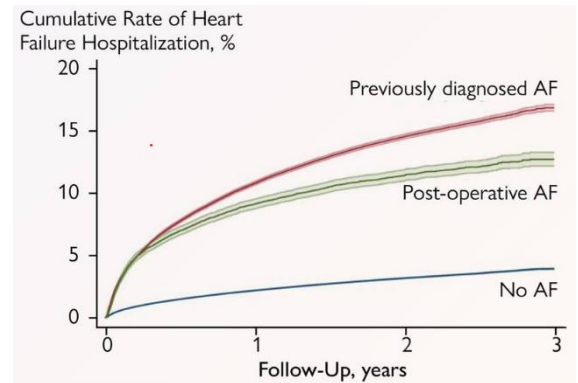
**Cutting Edge:** Important inpatient goals for acute AF include the 3As: Acute triggers, AF control (rate or rhythm), and Anticoagulation. Direct oral anticoagulants (DOACs) are favored over other agents.

### AF and Heart Failure (HF)

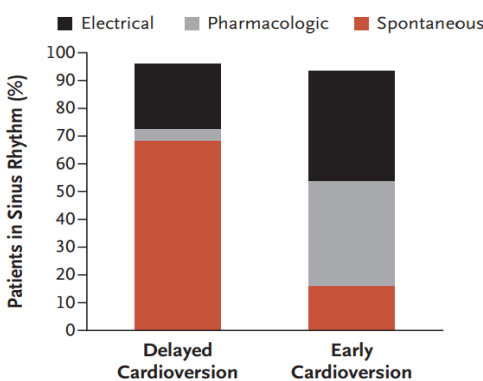
**Context:** Acute AF and HF both suggest poor prognosis. These problems have typically been conceptualized and managed separately.

**Current:** AF – including acute, postoperative, or previously-diagnosed – is associated with HF admissions.<sup>2</sup>

**Cutting Edge:** Concurrent HF in the setting of AF may be a direct result from the arrhythmia or a result of overlapping risk factors. Aggressively optimizing one is likely to help optimize the other.



**B Sinus Rhythm during Index Visit, According to Type of Cardioversion**



### Rate and Rhythm Control

**Context:** Rate control is often favored over rhythm control.

**Current:** Recent evidence suggests rhythm control may be preferable, particularly for symptomatic patients.<sup>3</sup> TEE prior to electronic cardioversion is warranted unless patients are already on therapeutic anticoagulation.<sup>1</sup>

**Cutting Edge:** A wait-and-see approach in which rate control is pursued for ≤48 hours with progression on to electronic cardioversion if needed is non-inferior to earlier electronic cardioversion.<sup>4</sup> May patients with acute AF may cardiovert spontaneously with aggressive modification of AF triggers.

#### References:

1. Chyou JY, et al. Atrial Fibrillation Occurring During Acute Hospitalization. *Circulation*. 2023;147(15):e676-e698. PMID: 36912134
2. Goyal P, et al. Post-operative atrial fibrillation and risk of heart failure hospitalization. *Eur Heart J*. 2022;43(31):2971. PMID: 35764099
3. Willems S, et al. Systematic, early rhythm control strategy for atrial fibrillation in patients with or without symptoms. *Eur Heart J*. 2022;43(12):1219. PMID: 34447995
4. Pluymaekers NAHA, et al. Early or Delayed Cardioversion in Recent-Onset Atrial Fibrillation. *N Engl J Med*; 2019;380(16):1499. PMID: 30883054