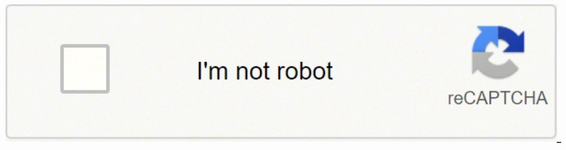

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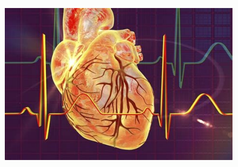
Atrial flutter guidelines acc

For atrial flutter, antithrombotic therapy is recommended as for AF	I	C	N/A
With nonvalvular AF and CHA_2DS_2-VASc score of 0, it is reasonable to omit antithrombotic therapy	IIa	B	(183, 184)
With CHA_2DS_2-VASc score ≥2 and end-stage CKD (CrCl <15 mL/min) or on hemodialysis, it is reasonable to prescribe warfarin for oral anticoagulation	IIa	B	(185)
With nonvalvular AF and a CHA_2DS_2-VASc score of 1, no antithrombotic therapy or treatment with an oral anticoagulant or aspirin may be considered	IIb	C	N/A
With moderate-to-severe CKD and CHA_2DS_2-VASc scores of ≥2, reduced doses of direct thrombin or factor Xa inhibitors may be considered	IIb	C	N/A
For PCI,* BMS may be considered to minimize duration of DAPT	IIb	C	N/A
Following coronary revascularization in patients with CHA_2DS_2-VASc score of ≥2, it may be reasonable to use clopidogrel concurrently with oral anticoagulants, but without aspirin	IIb	B	(186)
Direct thrombin, dabigatran, and factor Xa inhibitor, rivaroxaban, are not recommended with AF and end-stage CKD or on hemodialysis because of the lack of evidence from clinical trials regarding the balance of risks and benefits	III: No Benefit	C	(177-179, 187-189)
Direct thrombin inhibitor, dabigatran, should not be used with a mechanical heart valve	III: Harm	B	(190)

*See the 2011 percutaneous coronary intervention guideline for type of stent and duration of dual antiplatelet therapy recommendations (12).
AF indicates atrial fibrillation; BMS, bare-metal stent; CKD, chronic kidney disease; COR, Class of Recommendation; CrCl, creatinine clearance; DAPT, dual antiplatelet therapy; INR, international normalized ratio; LOE, Level of Evidence; LMWH, low-molecular-weight heparin; N/A, not applicable; PCI, percutaneous coronary intervention; TIA, transient ischemic attack; and UFH, unfractionated heparin.

TABLE 1. RECOMMENDATIONS FOR ASD CLOSURE	
Indications	**Recommendations for Closure**
Qp/Qs > 1.5 with enlargement of right-sided chambers, with or without symptoms	Class I
Paradoxical embolism or orthodeoxia-platypnea syndrome	Class IIa
Significant shunt with PHT PVR < 2/3 SVR or PAP < 2/3 PAS at baseline or with pulmonary vasodilators	Class IIb
Eisenmenger syndrome	Class III

Adapted from ACC/AHA Guidelines.
Abbreviations: Qp, pulmonary blood flow; Qs, systemic blood flow; PHT, pulmonary hypertension; PVR, pulmonary vascular resistance; SVR, systemic vascular resistance; PAP, pulmonary artery pressure; PAS, systemic arterial pressure.



Acc atrial flutter guidelines.

Because of this, means beyond weight loss must be used to control atrial flutter. This includes patients with moderate or severe mitral stenosis and those with a mechanical prosthetic heart valve. While atrial flutter itself is usually not life-threatening, it can significantly increase a person’s risk of having a stroke. Typically, about half of these impulses are transmitted to the ventricles, producing a heart rate that is usually around 150 beats per minute. J Am Coll Cardiol 2020;Dec 7:[Epub ahead of print]. By creating a blockage in a particular location within that characteristic path, the reentrant circuit can be disrupted and the atrial flutter can cease. If symptoms are severe during an acute episode, slowing the heart rate may be necessary while making preparations for cardioversion. If a person with atrial flutter also has coronary artery disease, the rapid heart rate can place enough stress on the cardiac muscle to cause angina. Dec 07, 2020 | Thomas C. Atrial flutter can also produce a sudden worsening of symptoms in people who have heart failure. Crawford, MD, FACC Authors: Heidenreich PA, Estes NAM 3rd, Fonarow GC, et al. Because the symptoms it produces can be intolerable, atrial flutter would be a significant arrhythmia even if all it did was cause uncomfortable symptoms. Fortunately, ablating atrial flutter is usually a relatively straightforward procedure with a very favorable rate of success (well over 90%). In this regard, it is important to look for and treat any reversible underlying cause, such as hyperthyroidism, sleep apnea, or obesity. With atrial flutter, the reentrant circuit is a relatively large one that is usually located within the right atrium and typically follows a characteristic path. For this reason, and because of the many toxicities common with antiarrhythmic drug therapy, ablation therapy is by far the treatment of choice for most people who have atrial flutter. While obesity is also a reversible cause of atrial flutter, practically speaking, it is often not reversed sufficiently or quickly enough to assist substantially in treating this arrhythmia. Antiarrhythmic drugs have a poor success rate with atrial flutter, but the opposite is true for ablation (rhythm control). The following are key points to remember from the 2020 Update to the 2016 American College of Cardiology/American Heart Association (ACC/AHA) Clinical Performance and Quality Measures for Adults With Atrial Fibrillation or Atrial Flutter: The performance measures are taken from the 2019 ACC/AHA/Heart Rhythm Society atrial fibrillation guideline update and are selected from the strongest recommendations (Class I or III). This will consist either of suppressing the arrhythmia with drugs or using ablation therapy. Because the circuit responsible for atrial flutter is usually well-defined, this makes atrial flutter particularly suitable for ablation therapy. Controlling the heart rate in atrial flutter is substantially more difficult than it is with atrial fibrillation. Ariel Skelley/Blend Images/Getty Images The condition is related in many ways to atrial fibrillation, the more well-known arrhythmia. Because flutter originates in the atria, it is considered a form of supraventricular tachycardia. Furthermore, atrial flutter often tends to be a “bridge arrhythmia” to atrial fibrillation. Hyperthyroidism can usually be sufficiently controlled within a few days. Atrial flutter is a relatively uncommon cardiac arrhythmia that is related to atrial fibrillation. Severe chest pain is the classic symptom. The recent guideline changes regarding different CHA2DS2-VASc risk score treatment thresholds for men (>1) and women (>2) are now incorporated into the performance measures. However, in contrast to atrial fibrillation, ablation therapy for atrial flutter is usually quite straightforward and generally can be accomplished with a high rate of success. The right treatment option for you depends on several factors, including: Whether or not your atrial flutter is caused by an underlying conditionWhat symptoms you are experiencing and how they impact youYour risk level for having a stroke There are several treatment options available that may be used to stop an acute episode or prevent episodes from recurring. It commonly requires the use of a combination of beta-blockers and calcium blockers. The recent guideline change regarding the definition of valvular atrial fibrillation is now incorporated into the performance measures. Often, getting rid of the atrial flutter altogether with an ablation procedure is the preferable course of action. If no readily reversible cause is found, treatment aimed directly at preventing atrial flutter is necessary. There are five performance measures (PM): PM-1: CHA2DS2-VASc risk score documented prior to discharge PM-2: Anticoagulation prescribed prior to discharge PM-3: Prothrombin time/international normalized ratio planned follow-up documented prior to discharge for warfarin treatment PM-4: CHA2DS2-VASc risk score documented during outpatient encounter PM-5: Anticoagulation prescribed during outpatient encounter Clinical Topics: Anticoagulation Management, Arrhythmias and Clinical EP, Cardiac Surgery, Prevention, Valvular Heart Disease, Anticoagulation Management and Atrial Fibrillation, Implantable Devices, SCD/Ventricular Arrhythmias, Atrial Fibrillation/Supraventricular Arrhythmias, Cardiac Surgery and Arrhythmias, Cardiac Surgery and VHD Keywords: Anticoagulants, Arrhythmias, Cardiac, Atrial Fibrillation, Atrial Flutter, Heart Valve Diseases, Heart Valve Prosthesis, Mitral Valve Stenosis, Outpatients, Patient Discharge, Quality of Health Care, Risk Assessment, Secondary Prevention, Thromboembolism, Warfarin < Back to Listings Atrial flutter is a cardiac arrhythmia—a condition defined by an abnormal heart rhythm. These blood clots can break loose (embolize) and cause strokes. The people most likely to develop atrial flutter are the same ones also most likely to develop atrial fibrillation. That is, people with atrial flutter often go on to develop chronic atrial fibrillation. It merely requires capturing the arrhythmia on an electrocardiogram (ECG) and looking for what are called “flutter waves.” Flutter waves are signals appearing on an ECG that represent the electrical impulse that is spinning around the atrial reentrant circuit. In people who are having an acute episode, atrial flutter can be stopped quite readily with electrical cardioversion or by acutely administering antiarrhythmic drugs (usually, ibutilide or dofetilide). The rapid heart rate commonly produced by atrial flutter most often leads to pronounced symptoms including: Like most reentrant arrhythmias, episodes of atrial flutter tend to come and go quite suddenly and unexpectedly. But the biggest problem with atrial flutter is that, as is the case with atrial fibrillation, this arrhythmia tends to cause blood clots (thrombus formation) in the atria. On occasion, getting the heart rate under control means ablating the heart’s normal conducting system to create heart block, then insert a pacemaker to establish a stable heart rate. It is much less frequent, for instance, than atrial fibrillation. Since ablation works so well, resorting to a “rate-control strategy” (commonly used for atrial fibrillation) is only rarely necessary for atrial flutter. However, there is a 10% to 33% chance of the flutter returning or atrial fibrillation occurring after ablation of the most common type of atrial flutter.Nevertheless, In the large majority of people who have this arrhythmia, ablation ought to be strongly considered. More specifically, it is an arrhythmia that typically causes tachycardia (a fast heart rate) and palpitations. These include people to whom any of the following apply: Diagnosing atrial flutter is fairly straightforward. While anyone can develop atrial flutter, it is not a common arrhythmia. Citation: 2020 Update to the 2016 ACC/AHA Clinical Performance and Quality Measures for Adults With Atrial Fibrillation or Atrial Flutter: A Report of the American College of Cardiology/American Heart Association Task Force on Performance Measures. This can often be accomplished quickly by administering intravenous doses of the calcium blockers diltiazem or verapamil, or the rapidly-acting intravenous beta blocker esmolol. A rate control strategy means allowing the arrhythmia to occur and attempting to control the resulting heart rate in order to minimize symptoms. The goals of treatment for atrial flutter are to regulate your heart rate, reduce the risk of heart failure or stroke, and relieve any symptoms you may be experiencing. Atrial flutter is caused by the formation of extremely rapid, abnormal electrical impulses arising in the atria of the heart. Atrial flutter is a type of reentrant arrhythmia; it occurs when an electrical impulse becomes “trapped” in a circuit within the heart and begins spinning around and around. The two are similar in that they produce uncomfortable symptoms and increases a person’s risk of stroke. Once an acute episode has been dealt with, the next step is to attempt to suppress additional ones. These drugs must be used cautiously, however, in people who also have heart failure. In any case, however, chronic anticoagulation therapy may be recommended to prevent stroke based on a person's unique risk factors, just as with atrial fibrillation. Sleep apnea is also generally treatable within a reasonable period of time.

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