

STRUCTURE IN THE INSTITUTIONAL REPOSITORY

- **Title:** Clinical Practice guideline for the management of patients with Atrial Fibrillation.
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- **Abstract:**

Background: This paper abstracts the Clinical Practice guideline (CPG) for the management of patients with Atrial Fibrillation in the Peruvian Social Security (EsSalud).

Objective: to provide evidence-based clinical recommendations for the management of Atrial Fibrillation in EsSalud.

Methods: a guideline task force (GTF) was formed with cardiologists and methodologists. The group proposed 9 clinical questions to be answered in this Clinical practice guideline (CPG). Systematic searches of preview reviews were performed and when it was necessary, primary studies from PubMed and CENTRAL during 2018 were reviewed. The evidence was selected to answer each proposed clinical question. Certainty of evidence was evaluated using Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology. In periodical work sessions, the group used GRADE methodology for reviewing the evidence and formulating recommendations, good clinical practice items and the management flowchart. Finally, the CPG was approved by Resolution N° 008-IETSI-ESSALUD-2018.

Results: This CPG approached 9 clinical questions about one topic: management. Based on these questions; six strong recommendations, six weak recommendations, 29 good clinical practice items and two flowcharts were formulated.

Conclusion: This paper abstracts the methodology and evidence-based conclusions about the CPG for the management of Atrial Fibrillation in EsSalud.

Key words: Practice Guideline, GRADE Approach, Atrial Fibrillation.

- **PICO questions for CPG:**

PREVENTION			
Question 1: In patients with nonvalvular atrial fibrillation, what is the best risk index to predict thromboembolic events (ATRIA o CHA2DS2-VASc)?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
-Patients with Atrial Fibrillation	- ATRIA	- CHA2DS2-VASc	- C-statistic for thromboembolic events

Question 2: In patients with AF, which antithrombotic therapy should be provided for the prevention of thromboembolic events?

POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
-Patients with Atrial Fibrillation	- Anticoagulants (Vitamin K inhibitors)	- Antiplatelet agents	- Thromboembolic events - Bleeding - Mortality

Question 3: In patients with AF, which risk index should be used to predict bleeding?

POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
- Patients with Atrial Fibrillation using anticoagulation therapy.	- HAS-BLED	- ATRIA	- C-statistic for major bleeding.

Question 4: In patients with AF, should the left atrial appendage occlusion (LAO) be performed to prevent thromboembolic events?

POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
- Patients with Atrial Fibrillation	- LAO	- Antithrombotic therapy	- Mortality - thromboembolic events - Bleeding

TREATMENT

Question 5: In patients with AF, should one opt for rhythm control strategies or rate control strategies?

POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
- Patients with Atrial Fibrillation	- Rhythm control strategies	- Rate control strategies	- Mortality - Quality of life - Severe adverse events - CVD (Cerebrovascular disease)

Question 6: In patients with AF in whom a rate control strategy is used, which rate control strategy should be used?

POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
- Patients with Atrial Fibrillation	- beta-blocks, non-dihydropyridine calcium channel blockers, digoxin.	- Placebo	- Mortality - Quality of life - Severe adverse events - Rate control

Question 7: In patients with AF who need a rhythm control strategy, which rhythm control strategy should be used?

POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
- Patients with AF who need rhythm maintenance	- Sotalol	- No Sotalol	- Mortality - Withdrawal due to adverse effects - Pro-arrhythmic effects. - Recurrence of atrial fibrillation
- Patients with AF who need rhythm maintenance	- IA Antiarrhythmics	- Control	- Mortality - Withdrawal due to adverse effects - Pro-arrhythmic effects. - Recurrence of atrial fibrillation
- Patients with AF who need rhythm maintenance	- IC Antiarrhythmics	- Control	- Mortality - Withdrawal due to adverse effects - Pro-arrhythmic effects. - Recurrence of atrial fibrillation
- Patients with AF who need rhythm maintenance	- Beta blocks	- Control	- Mortality - Withdrawal due to adverse effects - Pro-arrhythmic effects. - Recurrence of atrial fibrillation

Question 8: In patients with permanent and drug-refractory atrial fibrillation, what is the effectiveness of atrioventricular node ablation and pacemaker implantation?

POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
- Patients with non-paroxysmal atrial fibrillation	- Ablation	- Pharmacological treatment for rhythm control	- No presence of atrial arrhythmia or recurrence of atrial fibrillation - Require cardioversion - Require hospitalization for cardiac cause - Presence of significant

			bradycardia or need for pacemakers. - Complications derived from ablative therapy or pharmacological treatment.
- Patients with non-paroxysmal atrial fibrillation	- Ablation	- Pharmacological treatment for rhythm control	- Recurrence of atrial fibrillation - Symptomatic atrial fibrillation
Question 9: In patients with acute-onset atrial fibrillation, should emergency electrical cardioversion be performed?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
- Patients with acute-onset atrial fibrillation	- Electrical cardioversion	- Other interventions	- Heart rate control - Adverse events