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Rate Versus Rhythm Management

In patients with atrial fibrillation an important first consideration is whether to try to restore and maintain sinus rhythm (using a variety of medications and procedures) or whether just to leave the heart in atrial fibrillation and to ensure that the heart rate is not too rapid. This dichotomy of treatments is known as '**Rate versus Rhythm Management'.**

Patients who suffer from atrial fibrillation may have physical symptoms of palpitations, breathlessness, lethargy or loss of exercise tolerance (tiredness at an earlier point of activity) or they may have no symptoms. It does not matter how symptomatic the atrial fibrillation is for the patient's risk of stroke to be increased (see the AF-A booklet, Blood thinning in atrial fibrillation). However, symptoms will determine choices in the ongoing management.

Although it would seem to make sense that if a patient is returned to their normal sinus rhythm from atrial fibrillation the risk of stroke would return to normal, this has not yet been proven to be the case by evidence from studies. The risk (which is small in young people with normal hearts) would seem to remain, just on the fact that the person had once gone into atrial fibrillation.

Due to this lack of change in stroke risk with a return to sinus rhythm, if a person's symptoms can be controlled with medication, while leaving them in atrial fibrillation, this is often the simpler and safer option.

If the heart has an acceptable rate, judged by monitoring over a 24 hour period with a small ECG machine, and the patient is asymptomatic, then only the medication for the reduction of stroke risk needs to be considered.

However, if the heart is found to have a rapid rate at rest or during activity then medications to slow the heart are required. This is usually with either a beta blocker or a rate limiting calcium channel blocker (see the AF-A information sheets, Beta blockers and Rate limiting calcium channel blockers). If the first type of agent tried is ineffective then a medicine from the other class can be used. In some cases digoxin (see the AF-A information sheet, Digoxin) is given instead or in addition. In a few cases when medication does not adequately control the heart rate then the strategy of 'pace and ablate' (see the AF-A information sheet, Pacemaker & AV node ablation) can be considered.

If, despite these rate-slowing medications, symptoms cannot be controlled, or with frequent paroxysmal atrial fibrillation which is often highly symptomatic, restoration and maintenance of sinus rhythm needs to be considered. This may be achievable with antiarrhythmic medication, cardioversion and catheter ablation (all covered in separate AF-A information sheets) alone or in combination. These options can be discussed with your heart rhythm specialist.

To emphasise again, the strategy chosen, rate or rhythm management, does not affect decisions on the need for anticoagulation. This decision making process is covered in the AF-A information sheet, Blood thinning and atrial fibrillation.