

Atrial Fibrillation review questions

Chapter	Type of review	Review questions	Outcomes
Education	Intervention	What educational and behavioural interventions are clinically and cost effective for aiding the management of antithrombotic therapy, rate, and rhythm strategies and symptoms in patients with atrial fibrillation?	Time in therapeutic range (TTR) Percentage of INR in therapeutic range Stroke and thromboembolic events Quality of life Anxiety Decision conflict Hospitalisations Knowledge and understanding
Referral to specialist care	Intervention	What is the clinical and cost effectiveness of referral to specialist services?	Mortality (all cause) Stroke or thromboembolic complications Health related quality of life Disease awareness Rehospitalisation Adherence to guidelines Number of patients referred to anticoagulation clinic
Stroke risk tools	Prognostic	What is the most clinically and cost effective risk stratification tools for stroke or thromboembolic events in atrial fibrillation?	Patient outcomes: Stroke Thromboembolic events Mortality Statistical outcomes: Hazard ratio for high, moderate thresholds Sensitivity at particular thresholds Specificity at particular thresholds AUC (C indices) Calibration Net reclassification scores
Antithrombotic therapy	Intervention	What is the most clinical and cost effective antithrombotic therapy for stroke prevention in people with atrial fibrillation?	Mortality (all mortality – time to event or latest endpoint) Ischaemic stroke (latest endpoint) Haemorrhagic stroke (latest endpoint) Major bleeding – all Hospitalisation Health-related quality of life Thromboembolic complications
Bleeding risk tools	Prognostic	What is the clinical and cost effectiveness of HASBLED compared to other tools in assessing bleeding risk in people with atrial fibrillation?	Patient outcomes: Final outcome of bleeds Major bleeds (including fatal and intracranial bleeding) Mortality from bleeding

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			Quality of life Statistical outcomes: Hazard ratio for high, moderate thresholds Sensitivity at particular thresholds Specificity at particular thresholds AUC (C indices) Calibration
Monitoring	Intervention	What is the clinical and cost effectiveness of systematic monitoring of patients with atrial fibrillation? What is the clinical and cost effectiveness of monitoring quality of control of anticoagulation compared to routine management?	Mortality Stroke or thromboembolic complications Health related quality of life Time in therapeutic range (INR) - for monitoring of anticoagulation question Persistence of atrial fibrillation Adherence to national/ international guidelines Major bleeding Rehospitalisation with a primary diagnosis of atrial fibrillation Patients developing heart failure Patient adherence to guidelines
Left atrial appendage occlusion	Intervention	What is the clinical and cost effectiveness of left atrial appendage occlusion compared to anti-thrombotic therapy in the prevention of stroke in people with atrial fibrillation?	Mortality (all mortality – latest endpoint) Ischaemic stroke (latest endpoint) Haemorrhagic stroke (latest endpoint) Major bleeding Hospitalisation Procedural complications Health-related quality of life thromboembolic complications
Rate versus rhythm strategies	Intervention	What is the clinical and cost effectiveness of rhythm control (excluding ablation) compared to rate control in the treatment of atrial fibrillation in reducing stroke or improving prognosis?	Mortality Health-related quality of life Stroke or thromboembolic complications Major bleeding – all Rehospitalisation with a primary diagnosis of atrial fibrillation Patients developing heart failure Restoration of sinus rhythm Recurrence of atrial fibrillation
Rate control strategies	Intervention	What is the clinical and cost effectiveness of using different rate control drug strategies in the pharmacological management of atrial fibrillation?	Mortality (long-term) Health-related quality of life Rate control – heart rate (time or amount of people) Stroke or thromboembolic

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			<p>complications</p> <p>Rate of discontinuation of drug due to side effects</p> <p>Rehospitalisation with a primary diagnosis of atrial fibrillation or heart failure</p> <p>Time to response</p> <p>Left ventricular function – number of people / ejection fraction as percentage</p>
Restoration of sinus rhythm	Intervention	What is the most clinical and cost effective means of (excluding ablation) restoring sinus rhythm (a) pharmacological cardioversion, (b) electrical cardioversion or (c) electrical cardioversion combined with antiarrhythmic drugs?	<p>Mortality (30 days and longest endpoint)</p> <p>Health-related quality of life</p> <p>Restoration of sinus rhythm/time to restoration for acute</p> <p>Stroke or thromboembolic events</p> <p>Rehospitalisation with a primary diagnosis of atrial fibrillation</p> <p>Patients developing heart failure</p> <p>Maintenance of sinus rhythm/Recurrence of atrial fibrillation</p>
Maintenance of sinus rhythm	Intervention	What is the most clinical and cost effective antiarrhythmic drug alone or in combination for maintaining sinus rhythm in (a) paroxysmal atrial fibrillation and (b) persistent atrial fibrillation after cardioversion?	<p>Mortality (30 days and longest endpoint)</p> <p>Health-related quality of life</p> <p>Recurrence rate</p> <p>Stroke or thromboembolic complications</p> <p>Rehospitalisation with a primary diagnosis of atrial fibrillation</p> <p>Patients developing heart failure</p> <p>Drug withdrawal due to side effects</p> <p>Time to first relapse</p>
Left atrial ablation	Intervention	<p>What is the clinical and cost effectiveness of percutaneous catheter ablation compared to non- ablation therapies in people with atrial fibrillation?</p> <p>What is the clinical and cost effectiveness of surgical ablation compared to non- ablation therapies in people with atrial fibrillation?</p> <p>What is the clinical and cost effectiveness of surgical ablation compared to catheter ablation in people with atrial fibrillation?</p>	<p>Mortality - all cause– (reported at 30 days and longest endpoint given)</p> <p>Maintenance of sinus rhythm</p> <p>Health related quality of life</p> <p>Stroke or thromboembolic complications</p> <p>Major bleeding including intracranial bleeding</p> <p>Re-hospitalisation (cardiovascular)</p> <p>Necessity for concomitant antiarrhythmic drug therapy</p> <p>Need for a pace maker (for catheter versus surgical ablation review only)</p>

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Pace and ablate	Intervention	What is the clinical and cost-effectiveness of atrioventricular junction ablation and pacing compared to usual care in the treatment of atrial fibrillation?	All- cause mortality (30 days and latest endpoint) Heart failure Health -related quality of life Stroke or thromboembolic complications Rehospitalisation with a primary diagnosis diagnosis of AF or heart diagnosis Left ventricular function
Atrial fibrillation presenting acutely	Intervention	What is the clinical and cost effectiveness of using different rate control drug strategies in the pharmacological management of atrial fibrillation?	Mortality (long-term) Health-related quality of life Rate control – heart rate (time or amount of people) Stroke or thromboembolic complications Rate of discontinuation of drug due to side effects Rehospitalisation with a primary diagnosis of atrial fibrillation or heart failure Time to response Left ventricular function
Atrial fibrillation presenting acutely	Intervention	What is the most clinical and cost effective means of (excluding ablation) restoring sinus rhythm (a) pharmacological cardioversion, (b) electrical cardioversion or (c) electrical cardioversion combined with antiarrhythmic drugs?	Mortality (30 days and longest endpoint) Health-related quality of life Restoration of sinus rhythm/time to restoration for acute Stroke or thromboembolic events Rehospitalisation with a primary diagnosis of atrial fibrillation Patients developing heart failure Maintenance of sinus rhythm/Recurrence of atrial fibrillation