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LETTER TO THE EDITOR

National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand: Australian Clinical Guidelines for the Diagnosis and Management of Atrial Fibrillation 2018

To the Editor,

We read with interest our first Australian guidelines for the diagnosis and management of atrial fibrillation (AF) recently published in the Heart, Lung and Circulation Journal [1]. The authors have thoroughly elaborated different aspects of AF management and we would like to thank them for their invaluable contribution.

The authors shed light on acute rhythm control in AF, recommending flecainide for rapid pharmacological conversion to sinus rhythm, either intravenously or orally, in patients without left ventricular systolic dysfunction (LVSD), left ventricular hypertrophy (LVH) or coronary artery disease; after consideration of thromboembolic risk. Compared with amiodarone, flecainide results in earlier and more effective conversion to sinus rhythm, without associated systemic side-effects.

We wish to highlight several issues that might provide an impetus for discussion, specifically the guidelines opposing even a single loading dose of flecainide in patients with a distant history of cardiovascular disease.

Even though there was an excess mortality in flecainide arm in the Cardiac Arrhythmia Suppression Trial (CAST) study [2], it was a trial for suppression of premature ventricular ectopy in patients with a history of myocardial infarction and not AF. The length of treatment extended to 10 months on average, with low (25%) beta blocker use. With modern therapies, flecainide should not be completely disregarded in this group.

We also seek clarification on the evidence used in this guideline for acute rhythm control with flecainide in patients with LVH. Hypertension is one of the major risk factors for AF and indeed LVH and the evidence against its use in such patients is lacking.

Finally, use of flecainide in LVSD has been under-investigated. Er et al. demonstrated that single dose of flecainide for cardioversion is effective and safe in patients with known cardiovascular disease, including LVSD [3].

Flecainide has been shown in multiple clinical trials to be effective and safe for acute pharmacological cardioversion of AF which could result in shorter hospital stay and reduced admission rate. In the absence of convincing evidence, flecainide could be a viable treatment option in the emergency department for acute rhythm control of AF even in the higher cardiovascular risk groups.

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