



Appendix A: Types of Atrial Fibrillation^{1,2}

Abnormalities or damage to the heart's structure are the most common cause of atrial fibrillation (AF). Note these types are not exclusive of each other.

Valvular AF	Occurs in the presence of rheumatic mitral stenosis, a mechanical or bioprosthetic heart valve or mitral valve repair.
Non-valvular AF	Occurs in absence of rheumatic mitral stenosis, a mechanical or bioprosthetic heart valve, or mitral valve repair.
New-onset AF	AF not previously documented.
Paroxysmal AF	AF which terminates spontaneously or with intervention within 7 days of onset. The duration of the paroxysmal AF is usually less than 24 – 48 hours but can last up to a week. Paroxysmal AF may occur only once or may be recurrent.
Persistent AF	Continuous AF that is sustained greater than 7 days.
Permanent AF	Permanent AF is when there has been a joint decision by the patient and clinician to cease further attempts to restore and/or maintain sinus rhythm. Acceptance of AF represents a therapeutic attitude on the part of the patient and clinician rather than an inherent pathophysiological attribute of the AF.
Chronic AF	Implies continuing AF and does not address the important clinical distinction between persistent and permanent AF.
Focal AF	Initiated or sometimes maintained by arrhythmogenic foci, often pulmonary veins. It could be paroxysmal or persistent.
Lone or idiopathic AF	Occurs in the absence of structural heart disease, hypertension, diabetes or other identifiable cause for the arrhythmia (e.g., hyperthyroidism or alcohol abuse).
Transient AF	An irregular heartbeat pattern presented in individuals who are otherwise healthy. A transient AF episode can be the result of stress, dehydration, alcohol or drug use as well as secondary to other conditions.

References:

1. Kaiser Permanente, Southern California. Clinical Practice Guidelines Handbook, 8th ed., 2008.
2. January CT, Wann LS, Alpert JS, et al. 2014 AHA/ACC/HRS Guideline for the management of patients with atrial fibrillation: Executive summary: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society. *Circulation*. 2014 Apr 10.