



## Appendix A: Types of Atrial Fibrillation<sup>3</sup>

### Clinical Assessment

AF pattern is defined according to the clinical assessment of episode persistence. The initial AF presentation is classified as “newly detected/diagnosed” irrespective of the presumed duration of the arrhythmia. Thereafter AF is classified into four clinical patterns: paroxysmal, persistent, long-standing persistent, and permanent. These categories are not exclusive of each other. The absence of symptoms (e.g., in subclinical AF) does not change classification.

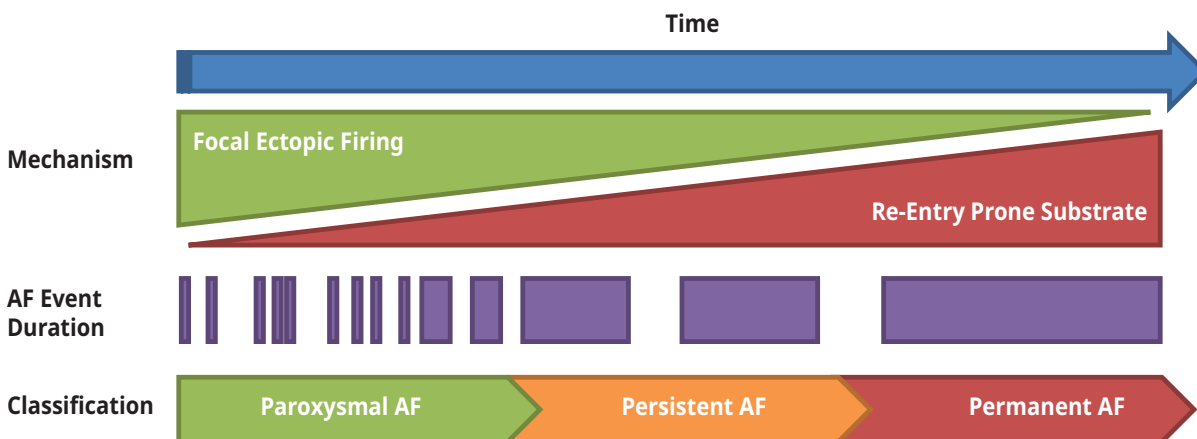
<b>Paroxysmal AF</b>	AF which terminates spontaneously or with intervention within 7 days of onset. The duration of the paroxysmal AF is usually less than 24 - 48 hours but can last up to a week. Paroxysmal AF may occur only once or may be recurrent.
<b>Persistent AF</b>	Continuous AF that is sustained greater than 7 days.
<b>Long-standing persistent AF</b>	Continuous AF episode lasting 12 months or more.
<b>Permanent AF</b>	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.

### Pathophysiology

“Primary AF” refers to AF in the context of an established pathophysiological process. Abnormalities and damage to the heart’s structure are the most common causes of AF.

“Secondary AF” indicates AF occurring in the context of a self-limited precipitant and can be further sub-classified based on the underlying etiology and likelihood for AF recurrence.

### Classification of Atrial Fibrillation



Credit: Dr. Jason Andrade