Figure 5: Long term rhythm control strategies

- **Structural heart disease?**
  - (LV systolic dysfunction, moderate LV hypertrophy, or CAD)
  - **NO**
  - Patient unwilling or unable to take AAD
  - **YES**

### Long-term rhythm control strategy selected

- **Flecainide**
  - OR
  - **Sotalol**
  - Suboptimal control or CI

- **Amiodarone**
  - Suboptimal control or CI

- **Sotalol**
  - **beta blockers**
  - Suboptimal control or CI

- **Catheter ablation**

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- **LV** left ventricular
- **CAD** coronary artery disease
- **AV** atrioventricular
- **AAD** antiarrhythmic drugs
- **AF** atrial fibrillation
- **CI** contraindicated
- **LVEF** left ventricular ejection fraction

- see table 2 for factors favouring rhythm control strategy
- 1 With AV nodal blocking agent
- 2 Close monitoring of QT interval recommended
- 3 May worsen heart failure, contraindicated in patients LVEF<40%
- 4 Indicated in patients with heart failure with reduced ejection fraction, may be less effective than other AAD in maintenance of sinus rhythm