

1. Treat co-morbidities and Risk Factors.
2. ECGs
 - Learn a system and use it
 - <https://litfl.com/ecg-library/>
 - A template is included as a separate document and also uploaded to the training website
3. Interaction of diltiazem and NOACs.
4. Don't forget digoxin.
 - It is cheap
 - Safe
 - Good choice for the elderly
 - Evidence that it can reduce hospital admissions in patients with HF
5. Use CHA2DS2-VA Score

<https://www.mdcalc.com/calc/10583/cha2ds2-va-score-atrial-fibrillation-stroke-risk>

6. Asymptomatic screening lacks strong evidence (yet), but it is widely promoted. There is a trial that may hopefully answer this question, but remember that screening is not without risks and should only be performed when there is evidence of it's benefits.

<https://www.phpc.cam.ac.uk/news/university-cambridge-study-becomes-largest-randomised-atrial-fibrillation-screening-trial-ever>

7. PAF detected on devices (like an Apple watch) does not have the same level of stroke risk as persistent AF, symptomatic AF, or opportunistic detected AF for CVA
8. Ablation is good for symptoms in the right patient
 - No good evidence that ablation reduces stroke
9. Stents are for symptoms only (apart from during an MI)
10. Beware of non-blinded & observational trials – **Be a Sceptic!**
11. Here is the video of the graphics I created for the talk, available here.

https://www.youtube.com/watch?v=ic3zkF_Whfg

12. Here is a link to the patient leaflet
<https://www.escardio.org/static-file/Escardio/Guidelines/Documents/ESC-Patient-Guidelines-Atrial-Fibrillation.pdf>