



**PROPOSED REVIEW OF SIGN GUIDELINE
CONSULTATION SUMMARY**

Title of guideline	SIGN 94: cardiac arrhythmias in coronary heart disease
Date of publication	February 2007
SIGN summary of the scoping search	<p>Guidelines</p> <ul style="list-style-type: none"> • NICE (2006) Atrial fibrillation. Available from URL: http://guidance.nice.org.uk/CG36 • NICE (2006) High-intensity focused ultrasound for atrial fibrillation in association with other cardiac surgery. Available from URL: http://guidance.nice.org.uk/IPG184 • NICE (2009) Percutaneous (non-thoracoscopic) epicardial catheter radiofrequency ablation for atrial fibrillation. Available from URL: http://guidance.nice.org.uk/IPG294 • NICE (2009) Percutaneous (non-thoracoscopic) epicardial catheter radiofrequency ablation for ventricular tachycardia. Available from URL: http://guidance.nice.org.uk/IPG295 • NICE (2010) Percutaneous occlusion of the left atrial appendage in non-valvular atrial fibrillation for the prevention of thromboembolism. Available from URL: http://guidance.nice.org.uk/IPG349 • NICE (2006) Percutaneous radiofrequency catheter ablation for atrial fibrillation. Available from URL: http://guidance.nice.org.uk/IPG168 • NICE (2009) Thoracoscopic epicardial radiofrequency ablation for atrial fibrillation. Available from URL: http://guidance.nice.org.uk/IPG286 • NICE (2006) Arrhythmia – implantable cardioverter defibrillators (ICDs) for the treatment of arrhythmias. Available from URL: http://guidance.nice.org.uk/TA95 • Clinical Knowledge Summaries (CKS) (2009) Atrial Fibrillation. Available from URL: http://www.cks.nhs.uk/atrial_fibrillation#-385785 • Institute for Clinical Systems Improvement (ICSI) (2008) Atrial fibrillation. Available from URL: http://www.guideline.gov/content.aspx?id=13584&search=arrhythmia • American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition). Chest 2008 Jun;133(6 Suppl):546S-92S. http://www.guideline.gov/content.aspx?id=12958&search=arrhythmia • ACC/AHA/HRS 2008 Guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities: a report of the American College of Cardiology/American Heart Association Task Force [trunc]. J Am Coll Cardiol 2008 May 27;51(21):e1-62. http://www.guideline.gov/content.aspx?id=12590&search=arrhythmia • American Heart Association Electrocardiography and Arrhythmias Committee, American College of Cardiology Foundation, Heart Rhythm Society,. Recommendations for the standardization and interpretation of the electrocardiogram: part I: The electrocardiogram and its technology. Circulation 2007 Mar 13;115(10):1306-24. http://www.guideline.gov/content.aspx?id=10793&search=arrhythmia • AHRQ (2009) Radiofrequency Ablation for Atrial Fibrillation:

	<p>Clinician's Guide. http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=349</p> <ul style="list-style-type: none"> • Comparative Effectiveness of Radiofrequency Catheter Ablation for Atrial Fibrillation http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=114 • GAC (CA) - Guidelines Advisory Committee at the Centre for Effective Practice. (2009) Congestive heart failure (CHF): Management of patients with heart failure and atrial fibrillation. http://www.g-i-n.net/library/international-guidelines-library/guidelines/gac-ca/congestive-heart-failure-CHF-management-of • NHMRC (2008) Emergency care evidence in practice series - Rate or rhythm control for recurrent atrial fibrillation. Available from URL: http://www.g-i-n.net/library/international-guidelines-library/guidelines/nhmrc-au/emergency-care-evidence-in-practice-series-rate-or • AHRQ (2006) Atrial fibrillation. National clinical guideline for management in primary and secondary care. National Collaborating Centre for Chronic Conditions. Available from URL: http://www.g-i-n.net/library/international-guidelines-library/guidelines/ahrq-us/atrial-fibrillation-national-clinical-guideline • ACC/AHA/ESC 2006 guidelines for the management of patients with atrial fibrillation.. Available from URL: http://www.g-i-n.net/library/international-guidelines-library/guidelines/ahrq-us/acc-aha-esc-2006-guidelines-for-the-management-of-patients-with-atrial-fibrillation.-a-report-of-the-american-college-of-cardiology-american-heart-association-task-force-on-practice-guidelines-and-the-european-society-of-cardiology-committee-for-practice • ACC/AHA/HRS 2008 guidelines for device-based therapy of cardiac rhythm abnormalities. http://www.g-i-n.net/library/international-guidelines-library/guidelines/ahrq-us/acc-aha-hrs-2008-guidelines-for-device-based-therapy-of-cardiac-rhythm-abnormalities.-a-report-of-the-american-college-of-cardiology-american-heart-association-task-force-on-practice-guidelines-writing-committee-to-revise-the-acc-aha-naspe-2002-guideline • ACC/AHA/ESC 2006 guidelines for management of patients with ventricular arrhythmias and the prevention of sudden cardiac death.. http://www.g-i-n.net/library/international-guidelines-library/guidelines/ahrq-us/acc-aha-esc-2006-guidelines-for-management-of-patients-with-ventricular-arrhythmias-and-the-prevention-of-sudden-cardiac-death.-a-report-of-the-american-college-of-cardiology-american-heart-association-task-force-and-the-european-society-of-cardiology
Main conclusions from new evidence	
New areas that could be added to the guideline	It would be useful to also include arrhythmias that are not associated with coronary heart disease
Summary of the recommendations that could be updated	Section:

Please answer the following questions as fully as possible:

Specialties:	Cardiology (2), Nursing (2), Emergency Medicine (1)	
1(a)	Is there still a requirement for an evidence-based guideline on this topic?	
	<p>Yes</p> <p>There are many guidelines on this topic and it is a rapidly evolving field. The ACC/AHA/ESC Guidelines tend to be very complex and, in my view, are targeted at cardiologists who have far greater knowledge than most healthcare providers who will have to treat these patients in an emergency. For this reason, I think there is still a role for a revised SIGN guideline on cardiac arrhythmias. The 2010 Resuscitation Council (UK) Guidelines have been updated to reflect the latest data but these are aimed at the level of the ALS provider. I would see the SIGN guidelines as being somewhere between the level of the RC (UK) and specialist cardiology guidelines.</p>	
1(b)	If no, should the guideline be withdrawn?	
2(a)	Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>	
	<p>Section 2, relating to cardiac arrest, needs to be updated according to the 2010 RC (UK) Guidelines (www.resus.org.uk) and the 2010 International Consensus on CPR Science (www.ilcor.org)</p> <p>Section 3 will need updating to reflect new evidence.</p> <p>Sections 4.1.5 and 4.2.2: New evidence related to interventions such as ablation and ICDs warrant some updating of the guideline.</p>	
2(b)	If no, is there a need to scope for new evidence on a yearly basis?	
2(c)	Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?	
	<p>There are two guidelines that are not mentioned in the scoping search:</p> <p>NICE: CG 109 Transient Loss of Consciousness</p> <p>European Society of Cardiology Clinical Guidelines (2010) Management of Atrial Fibrillation</p>	
2(d)	If yes, please suggest clinical questions that could be addressed in the revision?	
	<ul style="list-style-type: none"> • More evidence on the effectiveness and safety of the newer oral anticoagulants such as dabigatran or rivaroxaban in preventing strokes for patients with atrial fibrillation, after cardioversion, with prosthetic heart valves or when combined with antiplatelet drugs after coronary stenting for example. Clarification on whether oral anticoagulation therapy can be discontinued when there is no atrial fibrillation after ablation therapy or cardioversion, as late recurrence of atrial fibrillation may occur with these patients. • The role of antiarrhythmic drugs to improve the effectiveness of DC cardioversion. Potential advantage of the new atrial selective anti-arrhythmic drugs such as ranolazine and vernakalant over sodium channel blockers. • The effect of rate control with AV ablation on the outlook for patients with symptomatic atrial fibrillation. • The long term effectiveness of left atrial ablation in preventing the recurrence of atrial fibrillation and on mortality and hospital admissions. • Upstream therapy: It remains uncertain as to which patients may best benefit from upstream therapy apart from those with heart failure and left ventricular hypertrophy. Other areas that need investigation include whether upstream therapy alone is useful in secondary prevention, and to what extent antiarrhythmic drugs interact with the drugs used for upstream therapy. 	
3(a)	Please list any additions to the remit of the guideline that you think would be beneficial	
	<p>Assessment and follow up of some groups within this guideline. Follow up in particular could be a useful contribution to the overall care of those who have arrhythmias and have received some form of intervention.</p> <p>(DP) It would benefit from an update to take into account new drugs (e.g. dronedarone for AF).</p>	

3(b) Please list any sections of the guideline that are no longer required			
A separate section on arrhythmias associated with CABG is not strictly necessary.			
4 Please tick your preferred option for reviewing this guideline			
a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time			
b. some recommendations will change in the light of the new evidence and elements of the guideline should be reviewed			✓
5 SIGN COUNCIL			Date: 11/11/2011
Revalidate	Refresh	Revise	Remove
		✓	