Pharmacologic Options for Stable Atrial Fibrillation

**Rate Control Medications**: 

- **Beta Blockers:**
  - Considered first line
  - Metoprolol 2.5-5 mg IV bolus, up to 3 doses
  - Esmolol 0.25-0.5 mg/kg IV bolus, then 50-300 mcg/kg/min infusion
  - Precautions:
    - Caution in bronchospastic disease or severe COPD
    - Hypotension with MAP < 65
- **Nondihydropyridine Calcium Channel Blockers:**
  - First line in patients with severe COPD or active bronchospasm
  - Diltiazem 0.25mg/kg IV bolus, then 5-15mg/hr infusion
  - Contraindications:
    - Decompensated heart failure
- **Amiodarone:**
  - Can be used for rate and rhythm control when beta-blockers and calcium channel blockers have failed, or the patient has a contraindication to beta-blockers and calcium channel blockers
  - 150mg bolus over 30 min, then an infusion at 1mg/min for 6 hours followed by 0.5mg/min infusion for 18 hours
  - Max loading dose is 10 grams
  - Transition to oral amiodarone
    - Indications: history of afib or ≥2 failed attempts to wean from IV amiodarone
    - ≤ 24hours on IV amiodarone: start 200-400mg po Q12h
    - ≥ 48hours on IV amiodarone: start 200mg po q12h
    - Decrease the dose by half once a week until a maintenance dose of 200mg po once daily
  - Precautions:
    - Underlying lung disease
    - Hepatic impairment (liver transplant patients)

**Goal Heart Rate**: 

- A lenient rate-control strategy (resting heart rate <120 bpm) may be reasonable when patients remain asymptomatic and LV systolic function is preserved.
- A heart rate control (resting heart rate <80 bpm) strategy is reasonable for symptomatic management of AF.

**References:**