Position of Antiarrhythmic Drugs in The New Guidelines

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Recommendations for ventricular rate control in patients with AF. Page 40

Recommendation	Class
Beta-blockers, diltiazem, or verapamil are recommended as first-choice drugs to control heart rate in AF patients with LVEF>_40%.	I
Beta-blockers and/or digoxin are recommended to control heart rate in AF patients with LVEF<40%.	I
Combination therapy comprising different rate controlling drugs should be considered if a single drug does not achieve the target heart rate.	IIa
A resting heart rate of <110 bpm (i.e. lenient rate control) should be considered as the initial heart rate target for rate control therapy	IIa
Atrioventricular node ablation should be considered to control heart rate in patients unresponsive or intolerant to intensive rate and rhythm control therapy, and not eligible for rhythm control by LA ablation, accepting that these patients will become pace- maker dependent	IIa
In patients with haemodynamic instability or severely depressed LVEF, intravenous amiodarone may be considered for acute control of heart rate	IIb

Recommendations for the management of AF during pregnancy. Page 71

Long-term management (oral administration of drugs)	Class
Therapeutic anticoagulation with heparin or VKA according to the stage of pregnancy is recommended for patients with AF.	I
Beta-selective blockers are recommended for rate control in AF.	I
Flecainide, propafenone, or sotalol should be considered to prevent AF if atrioventricular nodal-blocking drugs fail.	IIa
Digoxin or verapamil should be considered for rate control if beta-blockers fail	IIa

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Chronic therapy	
During the first trimester of pregnancy, it is recommended that all antiarrhythmic drugs should be avoided, if possible.	I
Beta-1 selective (except atenolol) beta-blockers or verapamil, in order of preference, should be considered for prevention of SVT in patients without WPW syndrome.	IIa
Flecainide or propafenone should be considered for prevention of SVT in patients with WPW syndrome, and without ischaemic or structural heart disease.	IIa
Flecainide or propafenone in patients without structural heart disease should be considered if AV nodal blocking agents fail to prevent SVT.	IIa
Digoxin or verapamil should be considered for rate control of AT if beta-blockers fail in patients without WPW syndrome.	IIa
Amiodarone is not recommended in pregnant women.	III