

Online Appendix. Medication assessment tool for long-term management of atrial fibrillation in patients ≥60 years

MAT-AF							
Medication assessment tool for long-term management of atrial fibrillation in patients ≥60 years ¹⁻⁴							
Qualifying statement (q)		Standard (s)		Patient assessment*			
Patient with atrial fibrillation...		Patient name: ID number:		Date:			
Antithrombotic therapy				NA	Y	N/Nj	ID q/s
1	...who has a CHA ₂ DS ₂ VASc score of 0 (1 if female)	is prescribed no antithrombotic therapy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	...who has a CHA ₂ DS ₂ VASc score of ≥1 (≥2 if female)	is prescribed a direct oral anticoagulant or warfarin (INR 2.0-3.0)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	...who is managed with a direct oral anticoagulant and has creatinine clearance ≥50 ml/min	is prescribed apixaban 5mg twice daily, dabigatran 150mg twice daily or rivaroxaban 20mg daily		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	...who is managed with an oral anticoagulant and has creatinine clearance between 15-49 ml/min	is prescribed a direct oral anticoagulant at recommended lower dose or warfarin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	...who is managed with an oral anticoagulant and has creatinine clearance <15 ml/min	is prescribed warfarin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate control therapy							
6	...who requires rate control therapy	is prescribed a beta-blocker, a non-dihydropyridine calcium channel blocker or digoxin or a combination of a beta-blocker or a non-dihydropyridine calcium channel blocker with digoxin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	...who is managed with a non-dihydropyridine calcium channel blocker and has contraindication/intolerance	has cardiology referral or follow-up		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	...who requires rate control therapy and has heart failure with left ventricular ejection fraction <40%	is prescribed a beta-blocker and/or digoxin (early low-dose combination to be considered)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	...who is managed with digoxin	has monitoring of renal function, thyroid function and serum electrolytes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	...who is managed with digoxin and at risk of high serum concentration	has monitoring of serum digoxin level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	...who requires additional rate control therapy or has contraindication/intolerance to other agents	is prescribed amiodarone		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	...who is managed with amiodarone	has liver, thyroid, ophthalmic and pulmonary monitoring and appropriate counselling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythm control therapy							
13	...who is maintained in sinus rhythm with an antiarrhythmic agent which is well tolerated	has agent continued at prescribed dose (refer to criterion 12 for amiodarone)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	...who is maintained in sinus rhythm with an antiarrhythmic agent but has contraindication/ intolerance	has cardiology referral or follow-up		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	...who is managed with an antiarrhythmic agent but not maintained in sinus rhythm	has cardiology referral or follow-up		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹January CT et al. *AHA/ACC/HRS guideline 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 Heart Rhythm Society* 2014. ²National Institute for Health and Care Excellence. *Atrial fibrillation: the management of atrial fibrillation* 2014. ³Macle L et al. *Focused update of the Canadian Cardiovascular Society guidelines for the management of atrial fibrillation* 2016. ⁴Kirchhof P et al. *ESC guidelines for the management of atrial fibrillation: the Task Force for the Management of Atrial Fibrillation of the European Society of Cardiology* 2016.

*NA not applicable, Y yes, N no, Nj justified no, IDq insufficient data for qualifying statement, IDs insufficient data for standard