**MANAGEMENT OF ATRIAL FIBRILLATION IN THE ELDERLY PATIENT**

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Aging heart with mycocardial fibrosis and atrial dilation is a proper soil for fibrillation to flourish. Atrial Fibrillation(AF) is the commonest arrhythmia affecting elderly patients with 70% of individuals being in 60-85 years age groups and treatment plan requires considerations of co-morbidities, functional and social status. Cornerstone of therapy is thromboembolic protection. AF patients exhibit higher morbidity and mortality due to heart failure, strokes and increased problems with anti-coagulation and anti-arrhythmic drugs. Use of oral anticoagulants(OAC) like warfarin requires regular INR and newer OACs like Debigartan, Rivaroxaban and Apixaban etc, are almost equally effective and do not require INR monitoring. For rate control beta blockers, Verapamil, Amiodarone are effective. Use of rhythm control drugs like Sotalol, dofetilide, flecainide, deonedasone etc have many limitations especially in impaired renal function. Left atrial catheter ablation, LAA appendage closure, cryoballoon ablation, AV Nodal ablation and pacemaker implantation are promising alternative treatments. New onset AF can be treated with external or internal Direct Current Cardioversion. Oral antiplatelet agents like aspirin are far inferior to new direct oral anticoagulants for prevention of stroke in elderly patients with AF.