∧liveCor®
KardiaMobile

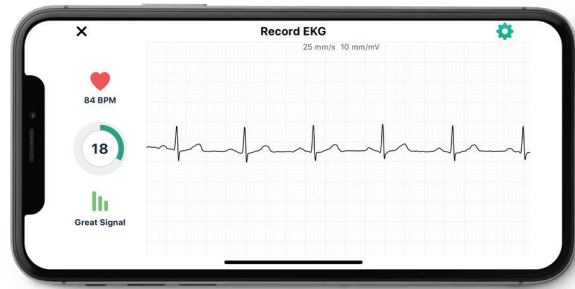*2020*
ESC GUIDELINES AND ALIVECOR

In the recently published 2020 ESC guidelines for the diagnosis and management of Atrial Fibrillation (AF), 30-second ECGs—like AliveCor's KardiaMobile—are now recommended for use as a diagnostic and screening tool in AF detection.

Examples of AF Screening Methods

Pulse palpitation

Patient initiated (or medical professional) intermittent ECG rhythm strip using smartphone or dedicated connectable device

In hospital telemetry monitoring

ESC Recommendation for the Diagnosis of Clinical AF

To establish the diagnosis of clinical AF, it is required that the minimum duration of a single-lead ECG tracing of AF is at least 30 seconds, or the tracing is recorded with a standard 12-lead ECG.

Recommendations	Class[a]	Level[b]
ECG documentation is required to establish the diagnosis of AF. • A standard 12-lead ECG recording or a single-lead ECG tracing of ≥30 s showing heart rhythm with no discernible repeating P waves and irregular RR intervals (when atrioventricular conduction is not impaired) is diagnostic of clinical AF.	I	B

©ESC 2020

How this relates to AliveCor

30-second, single-lead ECGs—like KardiaMobile—are now Class I recommendation in diagnosing clinical AF under the new guidelines.

AF = atrial fibrillation; ECG = electrocardiogram.
[a]Class of recommendation. [b]Level of evidence.

ESC Recommendations For Screening to Detect AF

Recommendations	Class[a]	Level[b]
Opportunistic screening for AF by pulse taking or ECG rhythm strip is recommended in patients ≥65 years of age. [188,211,223,225]	I	B
It is recommended to interrogate pacemakers and implantable cardioverter defibrillators on a regular basis for AHRE*. [c224,226]	I	B
When screening for AF it is recommended that:[217,218] • The individuals undergoing screening are informed about the significance and treatment implications of detecting AF. • A structured referral platform is organized for screen-positive cases for further physician-led clinical evaluation to confirm the diagnosis of AF and provide optimal management of patients with confirmed AF. • Definite diagnosis of AF in screen-positive cases is established only after the physician reviews the single-lead ECG recording of ≥30 s or 12-lead ECG and confirms that it shows AF.	I	B
Systematic ECG screening should be considered to detect AF in individuals aged ≥75 years, or those at high risk of stroke.[212,224,227]	IIa	B

©ESC 2020

AF = atrial fibrillation; ECG = electrocardiogram.
[a]Class of recommendation. [b]Level of evidence.

How this relates to AliveCor

30-second, single-lead ECGs—like KardiaMobile—are now Class I recommendation in diagnosing clinical AF under the new guidelines.

Good to Know

The REHEARSE-AF study, (Assessment of remote heart rhythm sampling using the AliveCor heart monitor to screen for atrial fibrillation) which used KardiaMobile devices for a randomised control trial for AF screening, has been recognised in supporting the new ESC recommendation.

ESC Classes of Recommendations and Level of Evidence

Classes of Recommendations

		Definition	Wording to Use
Class I		Evidence and/or general agreement that a given treatment or procedure is beneficial, useful, effective.	Is recommended or is indcated
Class II		Conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the given treatment or procedure.	
Class IIa		Weight of evidence/opinion is in favour of usefulness/efficacy.	Should be considered
Class IIb		Usefullness/efficacy is less well established by evidence/opinion.	May be considered
Class III		Evidence or general agreement that the given treatment or procedure is not useful/effective, and in some cases may be harmful.	Is not recommended

©ESC 2020

Level of evidence A	Data derived from multiple randomized clinical trials
Level of evidence B	Data derived from a single randomized clinical trial or large non-randomized studies.
Level of evidence C	Consensus of opinion of the experts and/or small studies, retrospective studies, registries.

©ESC 2020

*AHRE, subclinical AF refers to individuals without symptoms attributable to AF, in whom clinical AF is NOT previously detected (that is, there is no surface ECG tracing of AF), see also section 3.3. AHRE−events fulfilling programmed or specified criteria for AHRE that are detected by CIEDs with an atrial lead allowing automated continuous monitoring of atrial rhythm and tracings storage. CIED-recorded AHRE need to be visually inspected because some AHRE may be electrical artefacts/false positives. Subclinical AF includes AHRE confirmed to be AF, AFL, or an AT, or AF episodes detected by insertable cardiac monitor or wearable monitor and confirmed by visually reviewed intracardiac electrograms or ECG-recorded rhythm.