

2020 ESC Guidelines on Atrial Fibrillation accepts diagnosis of AFib with a 1L ECG device as well

Recommendations	Class ^a
<p>Recommendations for diagnosis of AF</p> <ul style="list-style-type: none"> 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
<p>Recommendations for screening to detect AF</p> <p>When screening for AF it is recommended that:</p> <ul style="list-style-type: none"> 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

2020 ESC Guidelines on Atrial Fibrillation puts an emphasis on the screening in case of lifestyle risks or age

Recommendations	Class ^a	Level ^b
Opportunistic screening for AF by pulse taking or ECG rhythm strip is recommended in patients >_65 years of age. ^{1,2,3,4}	I	B
It is recommended to interrogate pacemakers and implantable cardioverter defibrillators on a regular basis for AHRE. ^{5,6}	I	B
<p>When screening for AF it is recommended that:^{7,8}</p> <ul style="list-style-type: none"> 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 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. ^{9,10,11}	Ila	B

References

a. Class of recommendation

b. Level of evidence

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