In his editorial on the Euro Heart Survey on atrial fibrillation, Wyse\(^1\) rightly criticizes the current classification system of atrial fibrillation (AF).\(^2\) The most problematic issues of the current classification are the definitions of paroxysmal and persistent forms. The definition of persistent AF as an episode lasting more than 7 days is fundamentally flawed because persistent AF persists until it is terminated, be it 10 or even a 100 days later. In the case of paroxysmal AF, the problem is that episodes terminating spontaneously after more than 7 days cannot be properly classified. As we are unaware of any new recommendations that would solve these issues, although the current classification system causes several problems, we recommend the following changes.

These changes would make the classification somewhat more complicated, but the different forms of AF would be easier to distinguish, which would help in choosing the appropriate therapeutic approach, although epidemiologic studies would also give a clearer picture.

### Classification of atrial fibrillation

<table>
<thead>
<tr>
<th>Classification based on the current recommendations</th>
<th>Length of the current episode of AF</th>
<th>Terminates spontaneously</th>
<th>Terminates with therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 7 days</td>
<td>Paroxysmal</td>
<td>?</td>
</tr>
<tr>
<td></td>
<td>&gt; 7 days</td>
<td>?</td>
<td>Persistent</td>
</tr>
</tbody>
</table>

### Classification based on our recommendation

<table>
<thead>
<tr>
<th>Classification based on our recommendation</th>
<th>Length of the current episode of AF</th>
<th>Terminates spontaneously</th>
<th>Terminates with therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 48 h</td>
<td>Acute paroxysmal</td>
<td>Acute non-paroxysmal</td>
</tr>
<tr>
<td></td>
<td>&gt; 48 h</td>
<td>Chronic non-persistent</td>
<td>Chronic persistent</td>
</tr>
</tbody>
</table>

### References


József Tenczer  
St Emeritus Teaching Hospital  
Budapest  
Hungary

János Tomcsányi  
St John of God Hospital  
Budapest  
Hungary

Tel: +36 14388560  
E-mail address: tomcsanyi.janos@axelero.hu

Drs Tenczer and Tomcsányi draw further attention to the classification of atrial fibrillation (AF). Clarity, simplicity, and precision compete with one another in any classification scheme. Clarity and simplicity are major determinants of whether or not a classification scheme will be used. Precision minimizes ambiguity, contributing to utility, but can make a classification scheme cumbersome. These problems were recognized in devising the scheme for the classification of an episode of AF promoted in the treatment guidelines.\(^1\)\(^2\) The scheme is designed for classification of a single episode of AF and classification of a patient with AF is dealt with elsewhere.\(^3\) The current scheme has strength in its simplicity, utility at the bedside, theoretic and therapeutic implications. A weakness of the scheme is the arbitrariness of the time-base.

Leaving aside new onset (first detected) and permanent (accepted) AF, there are essentially two forms of AF—paroxysmal and persistent. It is generally agreed that the distinction between these two is that paroxysmal AF is self-terminating within a short period of time, whereas persistent AF is long lasting, usually, but not always, terminated by cardioversion. An observation period must be specified for self-termination within a short period of time. In the current scheme the time limit is set at 7 days. Drs Tenczer and Tomcsanyi, many others and even the Guidelines agree that what we mean by paroxysmal AF mostly terminates within a shorter period of time, usually 24–48 h. Of course, some AF terminates spontaneously after much longer periods of time. I have observed spontaneous termination of AF after more than 7 years. Is there practical value to further subdivide episodes of AF into that self-terminating in various time-based ‘bins’, as suggested by Drs Tenczer and Tomcsanyi? Such a proposal is more precise but has some drawbacks. It makes the scheme more complex. Terms like ‘acute’ and ‘chronic’ are inherently ambiguous. Its theoretic and/or practical importance is unknown.

In the current scheme there are two potential errors of classification: (i) calling long-lasting episodes of AF ‘paroxysmal’; and (ii) calling short and self-terminating episodes of AF ‘persistent’. The scheme of Drs Tenczer and Tomcsanyi would promote