

## Supplementary file 3 - Management of co-morbidities

### Management of heart failure and hypertension

Management of heart failure will follow the recommendations of the European Society of Cardiology. Briefly, the table below summarizes the recommendations for medical therapy. Ultimately, any management is at the discretion of the treatment providers and participants.

	LVEF <40	LVEF ≥ 40
Step 1: All participants	ACEi (Ramipril 10 mg) or ARB (Losartan 150 mg x 1)	
Step 2: If still symptomatic	Spiron 50 mg x 1	
Step 3: If still symptomatic	ARNI 97/103 x 2 instead of ACEi/ARB	
Signs of congestion	Bendroflumethiazid 2.5 -10 mg/day or Furosemide 20-40 mg/day	Bendroflumethiazid 2.5 -10 mg or Furosemide 20-40 mg
Additional treatment if HomeBP > 130/80	Bendroflumethiazid 2.5 -10 mg or amlodipine 5-10 mg x 1 (or spiron 25-50 mg if not on step 2)	ACEi (Ramipril 10 mg) or ARB (Losartan 150 mg x 1) or Bendroflumethiazid 2.5 -10 mg or amlodipine 5-10 mg x 1 (Possibly spiron 25-50mg)

### Sleep apnea

Participants will be systematically screen for signs of sleep apnea. If signs and symptoms of sleep apnea are discovered, participants will be referred to treatment if appropriate.

### Obesity

Weight loss will be encouraged if BMI > 25. General advice will be provided and involvement of participants in local municipal programs will be discussed.

### Smoking

Participants will be asked about their smoking habits as part of the initial work-up. Participants will be informed of the detrimental effects of smoking on health. Current smokers will be encouraged to quit and will be informed of available support programs through the municipals.

### Alcohol

Participants will be asked about their alcohol habits as part of the initial work-up. Participants will be informed of current evidence regarding alcohol in atrial fibrillation and will be encouraged to abstain from alcohol or alternatively reduce their alcohol intake. Special emphasis will be put on participants who drink above 10 standard drinks/week.<sup>1,2</sup>

### Physical activity

Participants will be asked about their physical activity and physical function. Based on an individual assessment, some participants may be offered exercised based cardiac rehabilitation, but it will not be systematically prescribed.<sup>3</sup> This will typically be participants who are limited in their daily activities or who have had a recent significant decline in their physical function. Participants with ischemic heart disease, heart failure or recent operation for valve disease will in general be referred to exercise-based cardiac rehabilitation.

1. Gillis AM. A Sober Reality? Alcohol, Abstinence, and Atrial Fibrillation. *N Engl J Med* 2020;382(1):83-84. doi: 10.1056/NEJMe1914981 [published Online First: 2020/01/02]
2. Voskoboinik A, Kalman JM, De Silva A, et al. Alcohol Abstinence in Drinkers with Atrial Fibrillation. *N Engl J Med* 2020;382(1):20-28. doi: 10.1056/NEJMoa1817591 [published Online First: 2020/01/02]
3. Risom SS, Zwisler AD, Johansen PP, et al. Exercise-based cardiac rehabilitation for adults with atrial fibrillation. *Cochrane Database Syst Rev* 2017;2:CD011197. doi: 10.1002/14651858.CD011197.pub2 [published Online First: 2017/02/10]