2020 ACC/AHA Guidelines for Aortic Regurgitation

Severe AR
Vena contracta > 0.6 cm
Holodiastolic aortic flow reversal
RVol ≥ 60mL
RF ≥ 50%
ERO ≥ 0.3 cm³

Aortic Regurgitation

Moderate AR

Stage A: At risk of AR
Stage B: Progressive AR
Stage C: Asymptomatic severe AR
Stage D: Symptomatic AR

Harm
In patients with isolated severe AR who have indications for SAVR and are candidates for surgery, TAVI should not be performed.

Changes from 2014 AHA/ACC Guidelines for Aortic Regurgitation; see back side of page for details.
Summary of changes from 2014 ACC/AHA Guidelines for Aortic Regurgitation

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>2014</th>
<th>2020</th>
<th>Changes in 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic patients with chronic severe AR and LV systolic dysfunction (LVEF &lt;50%) (Stage C2)</td>
<td>Class 1, B</td>
<td>Class 1, B-NR</td>
<td>Updated LVEF ≤55%</td>
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<tr>
<td>Asymptomatic patients with severe AR with normal LV systolic function (LVEF ≥50%) but with severe LV dilation (LVESD &gt;50 mm, stage C2)</td>
<td>Class 2a, B</td>
<td>Class 2a, B-NR</td>
<td>LVEF ≥55%, LVESD&gt; 25mm/m²</td>
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<tr>
<td>Asymptomatic patients with severe AR and normal LV systolic function at rest (LVEF ≥50%, Stage C1) but with progressive severe LV dilatation (LVEDD &gt;65 mm) if surgical risk is low</td>
<td>Class 2b, C</td>
<td>Class 2b, B-NR</td>
<td>LV systolic function at rest (LVEF &gt;55%; Stage C1), progressive decline in LVEF to low-normal range (LVEF 55% to 60%)</td>
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<tr>
<td>In patients with isolated severe AR who have indications for SAVR and are candidates for surgery, TAVI should not be performed</td>
<td>Class 3, B-NR</td>
<td>New category added</td>
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Reference: