Electrocardiographic Predictors of Atrial Fibrillation

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Supplementary Material

Supplemental Table 1: ECG criteria for LVH	
Criteria	Definition
Sokolow–Lyon[1]	S in V_1 + R in V_5 or V_6 (whichever is larger) ≥ 35 mm (≥ 7 large squares) R in aVL ≥ 11 mm
Romhilt–Estes [2] (based on points: diagnostic >5 points, probable 4 points)	3 points • R or S in limb leads ≥20 mm • S in V_1 or V_2 ≥30 mm • R in V_5 or V_6 ≥30 mm • ST-T vector opposite to QRS without digitalis • Negative terminal p mode in V_1 1 mm in depth and 0.04 sec in duration 2 points • Left axis deviation 1 point • ST-T vector opposite to QRS with digitalis • QRS duration ≥0.09s • Delayed intrinsic deflection in V5 or V6 (>0.05s)
Cornell voltage[3]	S in V_3 + R in aVL > 28 mm (men) S in V_3 + R in aVL > 20 mm (women)
Minnesota code[4]	Definite: very high QRS voltage plus ST-T changes Probable: less high though abnormal QRS voltage plus ST-T changes Possible: very high voltage only
Gubner and Ungerleider Voltage	RI + SIII ≥ 2.2mV

Supplemental table 2: QT correction formulae	
QT correction	Formula
Bazzett [5]	$QT_c = \frac{QT}{\sqrt{RR}}$
Hodges [6]	$QT_c = QT + 1.75\ (HR - 60)$
Framingham [7]	$QT_c = QT + 0.154\ (1 - RR)$
Fredericia [8]	$QT_c = \frac{QT}{\sqrt[3]{RR}}$

Supplemental table 3: Minnesota code ST-segment abnormalities	
Minnesota Code	ST-segment abnormality
Mild	• Flat T wave (code 5-3 or 5-4) • Negative or biphasic T-wave (negative-positive type) with a negative phase < 1.0 mm (code 5-3)
Severe	• Negative or biphasic T-wave (negative-positive type) with negative phase ≥1.0 mm (code 5-1 or 5-2) • Horizontal or downward sloping ST-segment depression ≥0.5 mm (code 4-1 or 4-2) • Upward sloping ST depression ≥1.0 mm (code 4-4).