

Atrial Fibrillation: What's New for Primary Care

PRESENTED BY:



DR. MOHAMED NOSAIR MD, FRCPC

Dr. Mohamed Nosair is an interventional cardiologist with over a decade of clinical experience. He serves as Physician Lead of the Cardiac Cath Lab and Cardiac Procedures Unit at William Osler Health System (Brampton Civic Hospital). Prior to joining Osler, Dr. Nosair spent twelve years at the Montreal Heart Institute, where he helped build the Chronic Total Occlusion (CTO) program and contributed to fellowship training and the CTO/CHIP Program. He has held adjunct clinical professorships at Université de Montréal and McGill University, and remains actively involved in fellow education, peer-reviewed publication, and international teaching.

EDUCATION

- MB BCh, MD – Ain Shams University, Cairo, Egypt
- Internal Medicine Residency – Université de Sherbrooke
- Cardiology Fellowship – McGill University
- Interventional Cardiology Fellowship – Montreal Heart Institute

CLINICAL INTERESTS

- Coronary Artery Disease
- Complex Percutaneous Coronary Intervention (PCI)
- Chronic Total Occlusion (CTO) Revascularization
- Complex High-Risk Indicated Procedures (CHIP)
- Intracoronary Imaging (IVUS, OCT)
- Preventive Cardiology

HOSPITAL AFFILIATIONS

- William Osler Health System – Brampton Civic Hospital
- Montreal Heart Institute

LANGUAGES

- English, French & Arabic

Dr. Nosair's practice spans the full scope of cardiology, with a particular focus on coronary artery disease, preventive cardiology, and the management of patients before and after coronary intervention. His subspecialty expertise includes complex percutaneous coronary intervention, chronic total occlusions, calcified and bifurcation lesions, and intracoronary imaging (IVUS and OCT).

In his clinical practice, Dr. Nosair is committed to evidence-based, patient-centered care, working closely with referring physicians and primary care colleagues to ensure timely access to cardiac diagnostics, risk assessment, and coronary intervention when indicated.

Dr. Nosair's presentation will cover the following learning objectives:

1. Apply the 2024 ESC AF-CARE framework to longitudinal AF management in primary care.
2. Calculate the CHA₂DS₂-VA score and select appropriate anticoagulation, recognizing that female sex is no longer scored.
3. Choose the appropriate DOAC and dose based on renal function, age, weight, and concomitant antiplatelet therapy.
4. Distinguish subclinical (device-detected) AF from clinical AF and apply AHRE duration to anticoagulation decisions.
5. Identify patients warranting early referral for rhythm control or catheter ablation.