

## Atrial Fibrillation (AFib) and Stroke

### What is AFib and how is it related to stroke?

AFib is an irregular or "racing" heartbeat that can cause blood to collect in the heart and form a clot, which can then travel to the brain and cause a stroke. AFib raises a person's risk for stroke by 500%, and most AFib-related strokes (75%) can be prevented.

AFib-related strokes cause more deaths than other strokes. In fact, many people with AFib (more than 70%) will die as a result of having a stroke. Although an estimated 2.2 million people are already diagnosed with AFib, about one-third of people in the U.S. are still not diagnosed. If you are diagnosed with AFib, treatments are available.

### Who is most likely to have AFib?

AFib can happen at any age, but is more common as you get older. About five percent of people 65 years old have AFib. One in 10 people over 80 years old have AFib, and it is more common in people with high blood pressure, heart disease or lung disease.

### What are the symptoms?

A normal heart beats 60 to 100 times per minute. Patients with

AFib can have heartbeats as fast as 450 times per minute. Often, AFib has no visible symptoms. Some people with AFib describe fluttering, racing or pounding feelings in their chests, while others feel dizziness, fainting or lightheadedness during an episode.



### How can I tell if I have AFib?

National Stroke Association suggests you use the simple "Check Your Pulse" test once a month. The test checks for an irregular pulse – a sign of AFib. Ask your doctor to check your pulse as well. Keep in mind; you are checking your heart RHYTHM, not RATE. In other words, you are checking for how steady your heart is beating and not how many times it beats in a 60-second period.

### Check Your Pulse Test

**Step 1.** Turn your left hand so your palm is facing up.

**Step 2.** Place the first two fingers of your right hand on the outer edge of your left wrist, just below where your wrist and thumb meet.

**Step 3.** Slide your fingers toward the center of your wrist until you feel your pulse.

**Step 4.** Press your fingers down onto your wrist until you feel your pulse, being careful not to press too hard.

**Step 5.** Feel your pulse for 60 seconds. Don't count the beats. Just be aware of whether the rhythm seems regular or irregular.



\*NOTE: A regular pulse will feel even and steady. An irregular pulse will feel random and uneven.

### **Treatments for AFib**

Most AFib-related strokes can be prevented with anti-coagulation treatments, yet up to two-thirds of AFib patients who had strokes were not prescribed anti-coagulants or blood thinners. Anticoagulation can reduce the risk of a first stroke by 60 to 80 percent.

Some of the reasons that current drugs are not being prescribed include: interactions with diet and other drugs, the need for frequent blood tests and someone to check them, and concerns about increased risk of bleeding. There is the prospect for new drugs coming soon that may have fewer

problems and will not require monitoring.

The goal for treating AFib is to restore the normal, steady rhythm of your heart. This can be done with medications or the use of electrical stimulation. If these efforts do not work, AFib treatment works to protect you from blood clots. To reduce the risk of stroke, doctors can prescribe clot-preventing medications, which can greatly reduce stroke risk if taken as prescribed.

### **Additional Resources:**

The Anticoagulation Forum is a network for medical professionals. [www.acforum.org](http://www.acforum.org)

StopAfib.org is a patient-to-patient resource to help patients control their atrial fibrillation. [www.stopafib.org](http://www.stopafib.org)

For more information about ways to reduce your risk of stroke, visit National Stroke Association. [www.stroke.org](http://www.stroke.org)

Note: This fact sheet is compiled from general, publicly available information and should not be considered recommended treatment for any particular individual. You should consult your provider about any personal medical concerns.

All publications are reviewed by National Stroke Association's Publications Committee.  
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