FAQ About AFib

THE CONDITION

What is atrial fibrillation and why is it a problem?
Atrial fibrillation, or AFib, is an irregular heartbeat in which the atria, the heart’s upper chambers, don’t contract in a strong, rhythmic way. When a heart is in AFib, it may not pump enough oxygen-rich blood out to the body.

Common symptoms of AFib
- Racing heart, fluttering or palpitations
- Shortness of breath
- Lightheadedness

People with no symptoms might be diagnosed by an exam and an electrocardiogram (EKG).

Why is AFib associated with up to 5x — GREATER — RISK FOR STROKE?
When the heart is in AFib, blood can become static and may be left pooling inside the upper left atrium (or in the left atrial appendage).
When blood pools, a clot can form.
When a clot is pumped out of the heart, it can travel to the brain, block an artery in the brain and cause a stroke.
Blocked arteries prevent the tissue “downstream” from getting oxygen-rich blood, and without oxygen the tissue dies.

THE RISKS

What are the greatest risks of having AFib?
The greatest risk of AFib is stroke. You’re up to five times more likely to have a stroke than someone who doesn’t have atrial fibrillation. Some people may have a risk for developing heart failure if they have other health conditions.

Stroke Warning Signs
Other signs of stroke include:
- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion or trouble speaking/understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness or loss of balance or coordination
- Sudden, severe headache with no known cause

F.A.S.T.
Face Drooping
Arm Weakness
Speech Difficulty
Time to Call 911
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Many people don’t know how they developed AFib, but it’s most often caused by a combination of factors.

What treatments should I expect?

In certain cases, medical intervention may restore the heart’s normal rate and rhythm, and many AFib patients need medication to lower stroke risk. AFib interventions may include cardioversion, blood thinners and medications for rate and/or rhythm control. Catheter ablation or surgery may be necessary if other treatments fail to reduce risks and symptoms. Tell your health care team if you’re having symptoms and follow your team’s advice until otherwise directed.

If I have no AFib symptoms, am I still at risk for stroke?

Yes! Don’t stop taking medication because you’re not experiencing noticeable symptoms. Many people with AFib take anticoagulant medications to lower stroke risks.

When do I see my doctor?

As soon as you notice symptoms of AFib, contact your doctor. Even if your symptoms go away, it’s still important to have a physical exam and monitor your heart’s activity.

Possible risk factors for AFib are:

- High blood pressure
- Prior heart attack or heart disease
- Diabetes
- Sleep apnea
- Prior heart surgery
- Excessive alcohol use
- Smoking
- Prolonged athletic conditioning*

*Appropriate physical activity is important for a healthy lifestyle. Discuss your physical activity/exercise plan with your health care professional.

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Symptoms may include:

- Racing, fluttering, pounding or irregular heartbeat
- Fatigue, dizziness or lightheadedness
- Shortness of breath or fainting
- Anxiety
Can I drive my car?
Most people with AFib can, but check with your health care team. Some people experience dizziness or fainting with their AFib episodes. If you feel dizzy or lightheaded, pull over to the side of the road and stop. Discuss with your health care professional how to know if and when your AFib symptoms need to be checked by a health care professional.

Can I tell when I’m going to have an episode of AFib?
Some people can feel when they’re in AFib and some don’t know. Either way, you may be able to control “triggers.” In some people, different things cause their AFib to flare up.

Common triggers may include caffeine and energy drinks*, stress or anxiety, poor sleep and/or sleep apnea, excessive alcohol and exercise that increases the heart rate above a certain point.

Am I able to have sex or exercise?
Yes, as long as you are cleared by your health care professional, you are able to perform any normal activities of daily living that you are able to tolerate.

LIVING WITH AFIB
Does having AFib mean I need to wear a medical alert bracelet or carry a card in my wallet?
In any emergency, having a patient’s medical history is helpful. Be sure to write down the medication and dose.

If you’re taking oral anticoagulant medications (blood thinners), consider wearing a medical alert bracelet, or carry a wallet card to be sure health care professionals know how best to care for you if an emergency occurs.

Common “TRIGGERS”
- Caffeine and energy drinks*
- Excessive alcohol
- Stress or anxiety
- Poor sleep and/or sleep apnea

*Although normal amounts of coffee shouldn’t trigger AFib, further study may be warranted for energy drinks and excessive caffeine intake.

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AFIB MEDICATIONS

What medications will I be on and how do they work?

Medications should be prescribed for people with stroke risk factors to help prevent blood clots that can cause a stroke. Rate or rhythm control medications may also be prescribed.

You may also be on medications for other underlying conditions. Your health care team will need to know what you’re currently taking so your new medications will not interfere.

Some types of AFib medications that might be prescribed for you are:

RATE CONTROL
This type of medication helps lower the heart rate, and some regulate the pace of electrical currents sent from the atria to ventricle.

RHYTHM CONTROL
This type of medication helps keep the heartbeat patterns or rhythms normal.

ANTICOAGULANTS (BLOOD THINNERS)
These reduce the risk for blood clots forming that can lead to stroke. They can also treat an existing blood clot.

TAKE AS PRESCRIBED!
They have been prescribed for a reason. Always take them as instructed, and talk with your health care team before making changes.

Know your stroke risk.

Many people with AFib benefit from taking steps to prevent stroke. If you have AFib and risk factors for stroke, talk with your health care team about how to lower your risk:

1. Find out your stroke risk score.
   Tools can help AFib patients better understand their stroke risk score. Discuss your score with your health care team.

2. Follow your plan.
   If risk-lowering medication is prescribed for you, keep taking it unless you and your health care professional decide together to change it.

Speak up!
It’s critical that you and your health care team talk about your level of risk to decide the best treatment.
WHAT SHOULD I EXPECT LONG TERM?

Is AFib curable, or is it a permanent condition?

We don’t usually say that AFib is curable, but some causes, such as sleep apnea, can be treated to lessen the amount of AFib that you have. **Medications and procedures that control the heart rate and rhythm can also help lower stroke risk.** AFib, regardless of the severity or how long an episode lasts, needs to be monitored by a physician.

AFib can be classified as paroxysmal (intermittent), persistent, longstanding persistent and permanent. Treatment plans and outcomes may depend on several factors, including the type of AFib you have.

If you have AFib, you’ll need regular checkups to monitor the condition and keep your risk low.

Where can I learn more about AFib?

Always check with your health care team first if you have questions. Choose reliable websites like heart.org/AFib or MyAFibExperience.org to research your questions.

Several different treatments are used to manage atrial fibrillation. Your doctor will know which one fits best with your type of AFib and your underlying conditions.

LIFESPAN AND AFIB

Can I die from an episode of AFib?

Generally, no. AFib, by itself, is usually not deadly, but a stroke caused by AFib can be. **People who have AFib are at increased risk for stroke and other heart-related complications such as heart failure.** The most important thing you can do is work with your health care team to make sure that you are doing all you can to prevent any complications that could occur from AFib.

Can I live a long life with AFib?

People can live long, healthy and active lives with AFib. **Controlling your risk factors for heart disease and stroke and knowing what can possibly trigger your AFib will help improve your long-term management of AFib. Your health care team can help you manage it for life.**

Visit heart.org/AFib

The HCA Healthcare Foundation is the national sponsor of Getting to the Heart of Stroke™.