Atrial Fibrillation

What to Know About Atrial Fibrillation
Understanding Afib

Atrial fibrillation, or Afib, is a condition in which the heart beats irregularly — speeding up or slowing down, or beating too fast. It can cause heart fluttering, dizziness, shortness of breath or overall weakness. More than 2.5 million people in the U.S. have Afib, and as many as 12 million are expected to have it by 2050.

Afib should be taken seriously. It can require medical treatment and lead to complications. Afib is one of the leading risk factors for stroke. Understanding Afib can help you manage it and reduce your stroke risk. *This brochure will get you started.*
What happens during Afib?

Afib is a common type of heart arrhythmia. Arrhythmia is any problem that affects the rhythm of the heartbeat, whether it’s too fast, too slow or irregular.

The heart has two upper chambers, called atria, and two lower chambers, called ventricles. In a heart that works efficiently, a group of cells in the right atrium sends impulses that cause both atria to contract and force blood into the ventricles. As the impulses reach the ventricles, they contract too and pump blood to the body.

When the heart is working efficiently, the atria and the ventricles pump in a coordinated manner, and the heart beats at about 60 to 100 times per minute at rest. During Afib, the too many impulses arise chaotically in the atria and usually result in the ventricles contracting rapidly and irregularly.

This causes the heart to beat up to 175 times per minute. Rather than contract normally, the atria wiggle, allowing blood to stagnate. Pooling of blood in the left atrium can allow a clot to form that can travel through the bloodstream to the brain and cause a stroke. See the Warning Signs of Stroke on page 10.
Why Afib Happens

Misfiring of atrial impulses are the result of malfunction of the heart’s electrical system. Damage to the atria can be caused by conditions such as:

- High blood pressure (hypertension)
- Atherosclerosis (hardening and narrowing of the arteries)
- Heart failure
- Rheumatic heart disease
- Heart defects including abnormal heart valves
- Diabetes
Risk of these conditions and the risk of developing Afib increases with age.

**Afib can also be triggered by:**

- Hyperthyroidism
- Obesity
- Lung disease
- Sleep apnea
- Metabolic syndrome
- Drugs, such as bronchodilators for asthma or certain decongestants
- Caffeine
- Some illegal drugs
- Smoking
- Alcohol

In addition, being male and Caucasian and having a family history of Afib can increase risk.
How do you know if you have Afib?

Many people with Afib have no symptoms. Others may experience:

- Palpitation—a feeling that the heart skips, flutters or races
- Shortness of breath
- Weakness or difficulty exercising
- Chest pain
- Dizziness, lightheadedness or fainting
- Fatigue
- Confusion

Professionals may screen for Afib by taking your pulse, but the only way to detect it for sure is with an electrocardiogram (EKG) or cardiac rhythm monitor that records the electrical activity and rhythm of the heart.
You have Afib. Now what?

If you have Afib, your doctor may recommend lifestyle changes, including:

- Reducing or eliminating caffeinated and alcoholic beverages
- Avoiding over-the-counter cold remedies containing pseudoephedrine, which increase the heart rate
- Obtaining enough sleep
- Controlling your weight through a heart-healthy diet and exercise program

Your doctor may recommend testing and treatment for Afib risk factors, such as an overactive thyroid gland, high blood pressure, high cholesterol or obesity.

If these measures are not sufficient, other treatment might focus on controlling the speed of the heartbeat, preventing blood clots, restoring a normal heart rhythm or a combination of these.

Rate control

Medications can be used to decrease the rate at which the ventricles beat by slowing the transmission of electrical impulses traveling through the heart.
Blood clot prevention

Because Afib can cause blood to pool in the atria, preventing blood clots is an important part of treatment. This is done with blood-thinning medications known as anticoagulants. While these are effective in preventing stroke, patients who take one called warfarin must monitor their diet. Foods like leafy green vegetables that contain vitamin K can affect how warfarin works.

Patients taking warfarin should have a blood test called the prothrombin time or International Normalized Ratio (INR) on a regular basis. If the INR is too low, the dose of warfarin should be increased to prevent blood clots and stroke; if the INR is too high, the dose should be lowered to reduce the risk of bleeding.

Several alternative oral anticoagulant drugs are available that do not involve dietary restrictions or routine blood test monitoring for dose adjustment. Your doctor should help you decide which treatment is best for you.
Rhythm control
Medications and other treatments can restore and maintain normal heart rhythm. Common treatments include:

- Direct-current cardioversion is a procedure in which an electrical shock sets the heart beat back to normal. Metal paddles or patches are applied to the chest wall which sends a low-voltage electric current through the body.
- A catheter ablation procedure sends radio-waves or other types of energy through a wire passed into the heart through a vein of the groin or arm to modify abnormal tissue that affects the electrical properties of the atria.
- Maze procedure, in which a cardiac surgeon makes small incisions in the atrial walls to prevent disorganized electrical signals from spreading.

Staying healthy with Afib
If you have Afib, talk to your doctor about your diagnosis, lifestyle and treatment options. And talk to your loved ones about your condition, medications and healthcare appointments. Keeping everyone informed can be beneficial to your health and peace of mind.
NOTE THE TIME WHEN ANY SYMPTOMS FIRST APPEAR. If given within three hours of the first symptom, there is an FDA-approved clot-buster medication that may reduce long-term disability for the most common type of stroke.

LEARN ABOUT MORE SIGNS OF STROKE AT www.stroke.org/symp
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Use FAST to remember warning signs:

FACE: Ask the person to smile. Does one side of the face droop?

ARMS: Ask the person to raise both arms. Does one arm drift downward?

SPEECH: Ask the person to repeat a simple phrase. Is their speech slurred or strange?

TIME: If you observe any of these signs, call 9-1-1 immediately.
National Stroke Association’s mission is to reduce the incidence and impact of stroke by developing compelling education and programs focused on prevention, treatment, rehabilitation and support for all impacted by stroke.

A stroke is a brain attack that occurs when a blood clot blocks an artery or a blood vessel breaks, interrupting blood flow to an area of the brain. Brain cells begin to die.

CALL 9-1-1 IMMEDIATELY IF YOU SEE ONE OR MORE SIGNS OF A STROKE.

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