MANAGING AFIB

Atrial fibrillation (AFib) is an abnormality of the rhythm of the heart. Although AFib itself is not dangerous, it is a serious medical condition that needs to be managed because it significantly raises your risk for a stroke or heart attack.

WHAT CAUSES AFIB?

Your heart has four chambers: two atria (on top) and two ventricles (on the bottom). Coordinated electrical signals cause the heart to contract and pump blood through the chambers in an orderly and efficient manner. Sometimes, however, rapid, disorganized electrical signals cause the atria to fibrillate (contract fast and irregularly). This is called an arrhythmia [*uh-rith-mee-uh*]. AFib is the most common type of arrhythmia.

The abnormal heart rhythm associated with AFib means blood does not pump through the heart as it should, causing it to pool in the atria where it can form a clot. If a clot breaks free and blocks a blood vessel to the brain, you may have a stroke. A clot in the heart can cause a heart attack.

People with AFib are five times more likely to have a stroke and three times more likely to have a heart attack.

If you have AFib, you are not alone. The U.S. Food and Drug Administration (FDA) estimates that more than three million Americans have AFib. Your risk of AFib increases with age.

AFIB SYMPTOMS

The most common symptoms of AFib are a fluttering heart and fatigue. You may also feel dizzy, anxious, have shortness of breath, or even feel chest pain or pressure. Some people have no symptoms at all (called Silent AFib). Repeated incidents of AFib can lead to irreversible heart rhythm abnormalities. Although AFib sometimes goes away on its own, it generally requires treatment.

TREATMENT OVERVIEW

There are many treatments for AFib, including medications, surgery and other nonsurgical procedures. The primary goal of treatment is to reduce your risk of stroke by preventing blood clots. Depending on your symptoms and the severity of AFib, your physician may also recommend treatments to restore your heart rate or heart rhythm.

Decisions about treatments depend on your risk factors for stroke, your ability to tolerate specific treatments, the potential for drug interactions, your overall health and whether you already have — or are at risk for — heart disease.



Risk factors for stroke include age, family history, being female, systolic blood pressure greater than 120, diabetes, congestive heart failure and a prior stroke.

Your primary care physician may treat your AFib or you may have a heart care team that also includes a cardiologist (a heart expert) and an electrophysiologist, a cardiologist who specializes in arrhythmias.

TYPES OF TREATMENT

Medications: Medications can help prevent clots or control your heart rate or rhythm. Anticoagulants and antiplatelet medications reduce your stroke risk by preventing clots. However, they can cause bleeding and other serious or unpleasant side effects.

The most common anticoagulant is warfarin (Coumadin or Jantoven). Warfarin has long been used to treat AFib, so physicians know how effective it is and what the long-term side effects are. If you take warfarin, your physician will monitor you closely to ensure the dose is high enough to prevent strokes, but not so high as to cause excess bleeding.

The FDA recently approved several new anticoagulants. In clinical trials, they worked as well as, or better than, warfarin in preventing strokes, often with fewer significant side effects. If your physician recommends anticoagulant medication, ask about Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban) or Savaysa (Edoxaban).

spirithealthgroup®

© 2015 Spirit Health Group. All rights reserved.

Heart rate control medications slow the rate of contraction in the ventricles. Beta blockers, calcium blockers and Digoxin may help relieve bothersome AFib symptoms, although they don't actually restore normal rhythm.

Rhythm control medications slow the heart's ability to conduct electricity (sodium channel blockers) or slow the electrical signals that cause AFib (potassium channel blockers). Heart rhythm drugs may cause a different type of arrhythmia or cause harm, especially if you have heart disease. According to the National Heart, Lung and Blood Institute, the long-term benefits of rhythm control are inconclusive.

Non-pharmaceutical treatments: If you can't manage your AFib with medications alone, there are additional treatment options.

Your cardiologist may "reset" your heart's normal rhythm by administering a small electrical shock to your chest (after verifying you don't have blood clots in the atria). This procedure is called electrical cardioversion. Electrical cardioversion is not the same jolting procedure you see on TV for patients whose hearts have stopped.

It's also possible to disrupt the transmission of faulty electrical impulses by destroying the tissue responsible for creating these signals using a procedure called catheter ablation. This procedure can be done on all areas of the heart and uses radio frequency (heat), laser or cryotherapy (cold), to scar the area causing the faulty electric signals. Sometimes doctors use catheter ablation to treat the atrioventricular (AV) node, the area where your heart's electrical signals pass from the atria to the ventricles (the heart's lower chambers).

When catheter ablation is used on the AV node, this procedure will require your doctor to surgically implant a device called a pacemaker, which helps maintain a normal heart rhythm. Your surgeon can also make incisions on the left and right atrium to form scar tissue (MAZE procedure). Scar tissue does not conduct electricity.

Several new AFib treatments may be appropriate for some patients. For example, a technique known as neuromodulation modifies the heart's nerve activity. Another procedure called Left Atrial Appendage Occlusion disables a small appendage in the left atria where blood tends to pool and clot in people who have AFib. The data is inconclusive as to whether these procedures work better or have fewer side effects and risks than current standards of care.

That's why it's so important to discuss all treatment options — including the benefits, risks and side effects — with your physician.

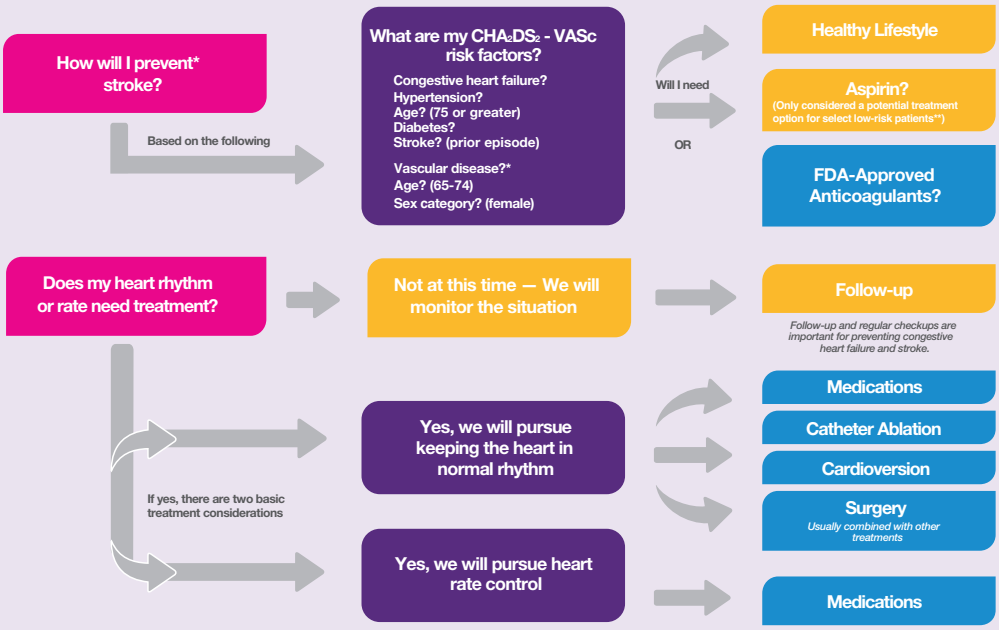
HELPFUL TOOLS

The American College of Cardiology offers a series of interactive tools to help you determine your risk of stroke and evaluate treatment choices. Depending on which treatment you're considering, the tools will raise questions, such as:

- Are you worried about having a procedure that involves your heart?
- Do your symptoms bother you a lot?
- Is lowering your risk for stroke more important to you than the risk of bleeding problems?
- Are you confident you can take your medications as directed?

SIMPLIFYING YOUR ATRIAL FIBRILLATION TREATMENT PLAN

Take an active role in your healthcare by using this tool provided by the American Heart Association.



*AFib risk factors linked to **vascular disease history** include:*
Prior heart attack
Peripheral artery disease (PAD)
Aortic plaque
*** Select low-risk patients includes those with nonvalvular AFib and a CHA2DS2- VASc risk score of 1.*

**It is very important to take risk-reduction measures even though no method or treatment can guarantee prevention. Know the warning signs for stroke and call 9-1-1 immediately if you experience them.*

The American Heart Association's The AFib Five: Five Steps to Your Healthiest Life with AFib also includes helpful information and interactive worksheets.



If you have any questions about AFib, or experience symptoms that may indicate AFib, talk to your physician. Early treatment for AFib can prevent a debilitating stroke or heart attack.

© 2015 Spirit Health Group. All rights reserved.

Heart-shaped logos are registered trademarks of The Mended Hearts, Inc.
© 2015-2024 The Mended Hearts, Inc. all rights reserved.