

FAQs of Atrial Fibrillation (AFib or AF)

The Condition

What is AFib?

○ It's a heart condition in which the upper chambers of the heart (called the atria) beat too rapidly and cause the lower chambers of the heart (called the ventricles) to pump the blood abnormally and ineffectively throughout the body.

How did I get AFib?

○ Some possible risk factors for AFib are: advanced age, heart disease (prior heart attack or heart failure), high blood pressure, diabetes, excessive alcohol drinking, smoking, obesity, sleep apnea, persons with heart valve problems and/or other chronic medical or heart related problems. Some studies support the theory of heredity.

Can I have AFib and not know it?

○ Yes, some people never have symptoms and they are diagnosed by a physical exam and an EKG/ECG.

Who has a higher incidence of AFib – men or women?

○ More men than women are diagnosed with AFib but women have a higher rate of stroke-related deaths.

Risks & Symptoms

Is AFib a medical emergency?

○ In certain cases, medical intervention may be needed to restore the heart's normal rhythm. This may involve electrocardioversion or medications to control rate and rhythm. In any case, you must see a doctor if you are having symptoms.

What are the greatest risks of having AFib?

○ The greatest risk of AFib is stroke. You are 5 times more likely to have a stroke than someone who doesn't have atrial fibrillation. You also have a risk of eventual heart failure due to the weakening of the heart muscle.

What are the symptoms of stroke?

○ Since stroke is a potential risk factor in those who have AFib, you need to know the symptoms. F.A.S.T. is an easy way to remember the sudden signs of stroke: **F**ace drooping, **A**rm weakness, **S**peech difficulty, **T**ime to call 9-1-1. Other signs of stroke include: severe headache, dizziness, loss of balance, or trouble walking, confusion or trouble speaking/understanding, numbness or weakness on one side of the body or face, blurry or darkened vision. Call 9-1-1 if these symptoms occur.

Prognosis

Can I live a long life with AFib?

○ Yes, some people can live very healthy and active lives. Controlling your risk factors for heart disease and stroke and knowing what can possibly trigger your AFib will help improve your long-term tolerance. Follow your doctor's orders and stay on your current treatment path.

Is AFib curable or is it a permanent condition?

○ We don't usually say that AFib is curable, but we do know that there are reversible causes for AFib, and if those causes are treated, the AFib may not return. AFib, regardless of the duration, needs to be monitored by a physician. AFib is mostly preventable, or treating the underlying cause sometimes prevents AFib from reoccurring. There are different forms of AFib (paroxysmal, persistent and longstanding); each one with variations in prognosis and treatment plan. Sometimes the symptoms are continual and occasionally the symptoms go away on their own. Again, all those who experience AFib will need regular check-ups on the condition.

Can I die from an episode of AFib?

○ Generally, no. You *can* die from complications that result from having AFib, however. Two risks that persons with atrial fibrillation face are the possibility of having a stroke or heart failure. This answer, however, is assuming that you have no other underlying heart conditions. The most important thing you can do is to work with your doctor or other healthcare provider to make sure that you are doing all you can to prevent any complications that could occur as a result of having AFib.

What is the difference between AFib and a heart attack?

○ A heart attack is an interruption in blood flow to the heart which results in tissue damage to the heart. This is an emergency situation and you need to call 911 immediately. Atrial fibrillation is an abnormal rhythm of the heart which results in ineffective blood flow to the body. The symptoms of a heart attack are: chest discomfort that can be described as "pressure, sharp pain, heaviness." The pain can travel down your arms, up into your jaw area or into your back or stomach. The pain can be mild or severe. It can also come and go. It can be accompanied by shortness of breath, sweating, nausea or confusion.

Now that I have atrial fibrillation, what do I do next?

When do I see my doctor?

○ As soon as you notice the symptoms of AFib (fatigue, heart fluttering or pounding, fainting or dizziness, shortness of breath, anxiety), you need to contact your physician. Even if your symptoms go away, you still need to have a physical exam.

What is the difference between a cardiologist and an electrophysiologist?

○ An electrophysiologist is a cardiologist that specializes in the study of the electrical activities of the heart. They have completed two more years of fellowship beyond a general cardiology fellowship. They are trained to perform interventional cardiac electrophysiology studies and surgical device implantations.

Living with AFib

Am I able to have sex or exercise?

○ Yes, as long as you are cleared by your physician, you are able to perform any normal activities of daily living that you are able to tolerate.

Can I drive my car?

○ Yes. However, some people experience dizziness or even fainting with their AFib episodes. If you feel dizzy or lightheaded, you need to pull over to the side of the road and stop. Discuss with your doctor whether you should alert your healthcare provider during an episode, and how to know if and when your AFib symptoms mean you should call 911.

Should I wear a medical alert bracelet or carry a card in my wallet?

○ In any emergency situation, having a patient's medical history is very helpful. Be sure and write down the medication that you are taking and the dose. If you are taking oral anticoagulant medications ("blood thinners"), you should always wear a medical alert bracelet so that people know you may bleed easier than usual.

Can I tell when I'm going to have an episode of AFib?

○ Most of the time, no, but you can control your "triggers". In some people, different things cause their AFib to flare up. Caffeine, alcohol, stress, getting up in the middle of the night after being fully asleep, eating MSG, the heart rate increase that occurs during exercise.....these are all common "triggers" that might lead to an episode.

AFib Medications

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

○ Medication is most often prescribed to control heart rate and rhythm. It is also prescribed to prevent or treat current blood clots. You could be on medicine from other underlying conditions. Your doctor will need to know the current meds you are taking so your new meds will not interfere. Some medications your doctor might prescribe for you are:

·Beta blockers – these are used to slow the heart rate and widen vessels to increase blood flow

·Calcium channel blockers – these are also used to slow the heart rate and widen vessels to increase blood flow

·Digoxin – this medication slows the rate at which electrical currents are conducted from the atria to the ventricle

·Anticoagulants or antiplatelets – drugs such as these are given to patients to reduce the risk for blood clot formation or to treat an existing blood clot.

What is the difference between an anticoagulant and an antiplatelet medication?

Both anticoagulants and antiplatelet agents are medicines that reduce blood clotting in an artery, a vein or the heart.

· Anticoagulants are also used to treat existing blood clots in the heart. Regular blood tests tell your doctor how the anticoagulants are working. Never take aspirin with anticoagulants unless you talk with your doctor first. Common names for anticoagulants are warfarin, dabigatran, apixaban or rivoraxaban. These are the most commonly prescribed medications for prevention of stroke in atrial fibrillation.

·Antiplatelets keep clots from forming. They have also been shown to reduce the risk of a heart attack or stroke. It is important to check with your doctor before taking other medications while on antiplatelets. An example of this type of medicine is aspirin. Aspirin is recommended for only certain persons with atrial fibrillation.

What side effects do anticoagulants and antiplatelets have?

A risk of bleeding is associated with anticoagulants. Here are some things to watch for or report to your physician:



- If you have an accident of any kind
- If you often find bruises or blood blisters
- If you feel sick, weak, faint or dizzy
- If you think you are pregnant
- If you notice red, dark brown or black urine or stools
- If you bleed more with periods
- Bleeding gums
- Bad headache or stomach ache that won't go away
- Bowel changes or GI irritability

·Antiplatelets also present the risk of bleeding. Even though aspirin can be purchased over the counter, it is important that you do not take more than the dose prescribed by your doctor. Report any of the symptoms stated above to your physician.

· **I have questions about procedures used to treat atrial fibrillation.** What is a good resource? Always check with your physician first if you have questions. Choose reliable websites (like the American Heart Association www.heart.org) to research your questions. There are several different treatments used to manage atrial fibrillation. Your doctor will know which one best fits with your type of AFib and your underlying conditions.