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Atrial Fibrillation (AFib)

An irregular, often rapid heart rhythm. What it is, why stroke prevention comes first and how it's treated.

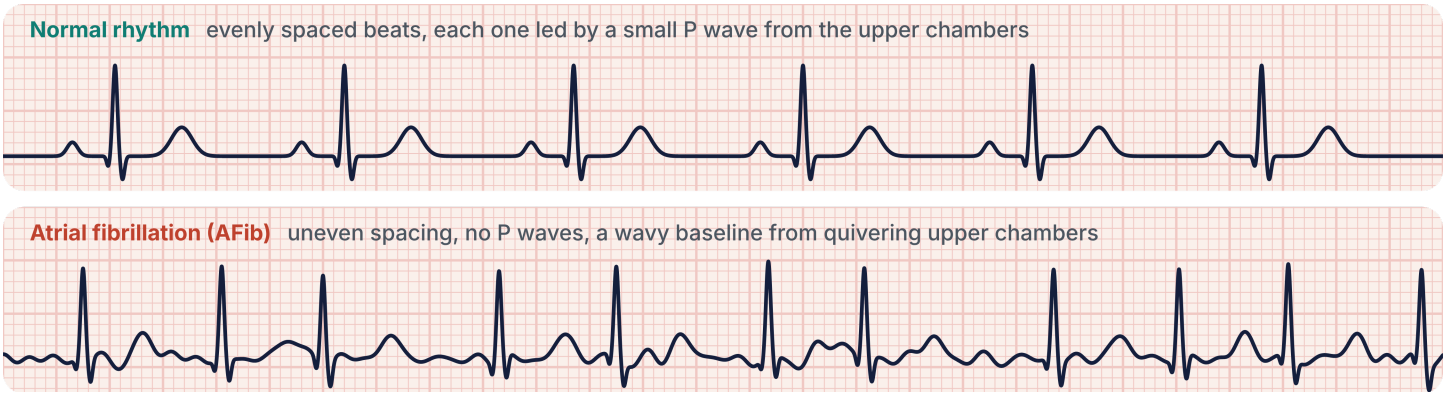
6 million
Americans, approximately, have AFib, the most common heart rhythm problem

5-fold
approximately how much AFib raises the risk of stroke

1 in 3
people with AFib, roughly, have no symptoms at all

WHAT'S HAPPENING

The upper chambers quiver when they should squeeze



In a normal heartbeat, electrical signals travel through the heart in an organized way. In AFib those signals turn chaotic, and the upper chambers, called the atria, quiver when they should beat together. You may feel pounding or skipped beats, fatigue, shortness of breath or dizziness.

WHY IT'S TAKEN SERIOUSLY

Stroke prevention comes first

WHAT THE CHA_2DS_2-VASC STROKE SCORE COUNTS

- Heart failure
- High blood pressure
- Age 75 or older
- Diabetes
- Previous stroke or TIA
- Vascular disease
- Age 65 to 74
- Female sex

When the atria quiver, blood can pool in a small pouch called the left atrial appendage. Stagnant blood is prone to forming clots, and a clot that travels to the brain can cause a stroke. Based on your score, your doctor recommends whether you need a blood thinner.

A full, active life

An AFib diagnosis doesn't mean giving up a full, active life. With the right treatment, medications taken as prescribed, healthy habits and regular follow-up, AFib can be well controlled.

TREATMENT, DAILY HABITS AND WHEN TO GET HELP ARE ON THE BACK

MANAGING AFIB

Treatment, daily habits and when to get help

PREVENTING STROKE

Blood thinners	Warfarin (Coumadin) requires careful monitoring, while the newer drugs, apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Savaysa) and rivaroxaban (Xarelto), don't require routine blood testing. They have largely replaced warfarin for most patients.
Who needs one	With a low stroke score, a blood thinner may not be necessary. If you have stroke risk factors that raise your score, one is strongly recommended.
If you can't take one	For selected patients, a device called the Watchman is placed through a catheter to seal off the left atrial appendage.

TREATING THE RHYTHM

Rate control	AFib continues, and medication keeps the heart from racing. Choices are beta-blockers (metoprolol, atenolol, bisoprolol), calcium channel blockers (diltiazem, verapamil) and digoxin.
Rhythm control	Medications such as flecainide, propafenone, sotalol and dofetilide aim to keep the rhythm normal. Amiodarone is very effective but reserved for serious cases because of potential side effects.
Cardioversion	A synchronized electrical shock given while you're sedated, or an IV medication, can restore normal rhythm.
Catheter ablation	Thin catheters create small burn or freeze lesions around the pulmonary veins, where the chaotic signals typically start. When AFib comes and goes, success ranges from 70 to 90%, depending on patient factors.

WHAT YOU CAN DO

Weight and exercise	Weight loss in overweight patients can significantly improve AFib control. Most people benefit from regular aerobic exercise like walking, swimming or cycling. Get cleared by your doctor before extreme endurance events like marathons.
Alcohol and sleep	Cutting back or stopping alcohol decreases AFib episodes. Aim for 7 to 9 hours of sleep, and treat sleep apnea if you have it.
Blood pressure and stress	Keep your blood pressure under control. Deep breathing, meditation, yoga or tai chi may help with stress-triggered episodes.
Track it	Check your pulse, keep a symptom diary or use a wearable device to find your patterns and triggers.

WHEN TO GET EMERGENCY CARE

Call 911 or go to the emergency department	For severe chest pain, severe shortness of breath, fainting, or AFib with a heart rate over 150 beats per minute that doesn't improve with your rescue medications.

WHICH TYPE DO YOU HAVE?

Paroxysmal AFib comes and goes. Persistent AFib lasts longer than a week. Long-standing persistent AFib has been present for more than a year. Permanent AFib cannot be converted back to a normal rhythm. Your type helps guide treatment.

READ THE FULL ARTICLE

damianrasch.com/blog
AFib patient guide

For education only, and not a substitute for advice from your own physician. Condensed from Dr. Rasch's article on atrial fibrillation at damianrasch.com, which does not cite outside studies.

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