Medicines
To manage your AFib it is important to regularly take the medicines your doctor has given to you. You need to keep taking your medication even if your symptoms go away. This is because the medicines do not just reduce your symptoms and how often they might return, but they also improve your quality of life and reduce your risk of having long-term complications.

Heart rate control
Heart rate control involves using medicines or surgical procedures to slow down your heart rate by slowing the speed at which electrical impulses move in the heart. Medicines that manage the heart rate include: Digoxin, Betablockers, calcium channel blockers and some newer treatments such as Donedarone.

Heart Rhythm Control
Heart rhythm control involves using medicines or other techniques to change your abnormal heart rhythm back into normal rhythm. Medicines commonly used for this are called anti-arrhythmic agents. They stabilize the electrical activity of your heart to stop AFib episodes happening. Medicines that try and regulate the rhythm of the heart include: amiodarone, Flecainide, Sotalol and newer treatments such as Dronedarone.

Preventing clots and stroke
Atrial fibrillation increases you chance of developing blood clots, which can lead to stroke and other serious problems. Some people will need to take a combination of medicines to control their heart rate and heart rhythm. Depending on the type of AFib you have, to reduce the risk of having a stroke your doctor may give you a blood thinning medicines such as warfarin or aspirin. Medicines that thin your blood are called anticoagulant or antiplatelet drugs. They work by stopping clots forming in your blood. Warfarin is the most commonly used anticoagulant drug. In some cases, your doctor may put you on Aspirin or a combination of aspirin and other anticoagulant or antiplatelet drugs instead of warfarin.

If you are taking this type of medicines there is a risk that you may bleed more because your blood does not clot as well as normal. Therefore, you should watch carefully and contact your doctor if you notice any unusual bleeding or bleeding that lasts longer than usual.

It is important to take your medication every day even if you feel well. If you are concerned you should speak to your doctor.

Other treatment options:
There are also several other treatments for AFib. Your doctor may discuss these with you. These treatments include:

- Catheter Ablation

Ablation is a surgical procedure that tries to find and remove the main cause of your AFib. This is called cardiac catheter ablation. Radiofrequency ablation, cardiac ablation or simply ablation.
Ablation catheters are narrow, flexible wires, which are inserted into a blood vessel, often at the top of your leg or your neck. This wire is moved into place in your heart to correct the structural problems in your heart that cause an arrhythmia.
Electrical impulses are sent through the wire to destroy heart muscle tissue that is causing the arrhythmia or irregular heartbeat. As ablation causes little or no pain, you are usually mildly sedated with local anesthetic.

- Cardioversion

Cardioversion is a procedure that tries to reset your heart back into its regular rhythm.

Electrical Cardioversion
- Electrical cardioversion is a short procedure where an electrical impulse is given to your heart to change an abnormal rhythm back to a normal rhythm. The electrical impulse is given through your chest wall to your heart through special electrodes or paddles that are place on your chest and back. You will be put asleep for a few minutes so you won't feel any pain during this procedure.

Chemical cardioversion
- Chemical cardioversion uses medicines to bring back your hearts normal rhythm.

- Pacemaker

A pacemaker is a small device that is put in your chest to help control abnormal heart rhythms. A pacemaker uses electrical pulses to prompt your heart to beat at a normal rate if it is going too slowly. A biventricular pacemaker can help the pumping function of your heart at particular times.

- Implantable Cardioverter Defibrillator or ICD

If you have heart failure or other heart rhythm problems as well as AFib, your doctor may give you a special sort of pacemaker called an ICD. This device will monitor your heart and give your heart a small electrical shock to stop rhythm disturbances.

Which treatment is best for me?
Every person's treatment is different and individual for that person. Because of the different AFib treatments available, your doctor may change your treatment a number of times until the best option is found for you.
Don't stop taking your medication just because your symptoms stop. Remember you are also taking tablets to reduce your chance of return of

Thrombosis Ireland
Spot The Signs... Save A Life

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Afib (Atrial Fibrillation)

Patient Information Leaflet

Thrombosis Ireland
Spot The Signs... Save A Life

What is Atrial Fibrillation?
Atrial Fibrillation or AFib is the name given to describe a particular type of irregular heartbeat. An irregular heartbeat is often called an arrhythmia. With A your heart beats in a disorganized and irregular way which can lead to a range of symptoms and potential complications. AFib is the most common type of arrhythmia. It affects almost seven million people in Europe and the US.

How your heart and heartbeat work
To understand atrial fibrillation (AFib), you first need to know a little bit about how your heart works. Your heart is a muscle, about the size of a clenched fist. The job of the heart is to pump blood around the body; it works every second of every day. The heart pumps because of its 'electrical' system which starts the heartbeat. The heartbeat starts in the top right section of the heart, called the atrium, and moves across the heart. Normally, one electrical wave is generated for each single heartbeat.

Heart rate and heart rhythm are the different ways the heart works to make heartbeats. Heart rate is the number of heart beats in one minute. The normal heart rate is between 60 and 100 beats in one minute, although each person's heart rate is slightly different.

Heart rhythm is how regular the pattern of your heartbeat is. Normal regular heart rhythm is known as sinus rhythm.

Both heart rate and heart rhythm need to be regular for your heart to work in the best way. Any change to this regular heart rate or heart rhythm is called an arrhythmia or irregular heart rhythm.

How do I know that I have AFib?

Some people have no symptoms of AFib and are only diagnosed at a routing check up with their doctor. Other people feel their irregular heartbeat straight away through a range of symptoms such as:

- Palpitations
- Tiredness or weakness
- Difficulty exercising
- Dizziness, light-headedness or fainting
- Chest pain
- Discomfort or difficulty breathing
- Shortness of breath

Palpitations are an uncomfortably sudden and sharp sensation of the heartbeat, generally on the left side of your chest. Palpitations are the most common symptom of AFib. You will probably feel them as a fast and irregular heartbeat.

Not everyone with AFib has the same symptoms and, some people have no symptoms at all. If you have any symptoms of AFib, it is important to talk to your doctor about them.

What Causes AFib?

The causes of AFib are not always clear but your chances of developing AFib go up if you have one or more of these medical conditions, such as High blood pressure, diabetes and heart disease. AFib can affect adults of any age, but it is more common as people get older.

Risk Factors:

- Age, especially if you are over 65.
- Coronary heart disease
- Disease of heart valves
- Heart Failure
- High blood pressure
- Overactive thyroid gland
- Lung infections, such as pneumonia
- Pulmonary embolism (blood Clots)
- Alcohol abuse.

Alcohol abuse, such as drinking large amounts of alcohol over a long time, is a major factor in people developing AFib. Even young people can get AFib after binge-drinking occasions.

Tests used to diagnose AFib

To diagnose that you have AFib, your doctor will look at your medical history and give you a medical examination. This examination will include an ECG and ultrasound examination (echocardiogram) of your heart. You may need other tests to help diagnose your AFib.

ECG

The ECG test measures the rhythm and electrical activity of your heart. Small sticky pads are put on your body that are connected to wires that link up to the ECG machine. The machine reads and records the electrical signals from your heart on paper. An ECG is painless and usually takes about five minutes.

ECHOCARDIOGRAM

An echocardiogram is also called an echo and is an ultrasound scan of your heart. It can detect if the problem is in your heart valves or the muscles of your heart.

24 HOUR ECG RECORDING (Holter Monitor)

This can be used when the standard ECG doesn't pick up an irregular heartbeat. You wear a small recording machine for 24 hours, usually around your waist. The machine measures the ECG during the day and overnight.

CARDIAC EVENT RECORDERS

If you do not get symptoms very often you doctor may suggest using a small electronic device called a cardiac event recorder. This records your heart rate and rhythm over a longer time. There is also an implantable loop recorder which is put under your skin for several months. This records electrical activity of your heart over a longer time.

EP STUDY

An electrophysiological (EP) study, EPS or electrophysiological test can discover specific types of heart rhythm. If you need an EP study your cardiologist will refer you to a cardiac electrophysiologist. You will need to have a local anesthetic to have this test and it takes two or three hours.

CORONARY ANGIOGRAM

A Coronary angiogram or angiography is a test to see if your coronary arteries, which supply blood to the heart, are flowing freely. Your angiogram shows your doctor if there are any narrowing's in the vessels, where they are and how tight they are. You will need a local anesthetic to have this test.

Other tests, include a blood pressure check and blood tests to measure how well your kidneys and thyroid gland are working, will usually be carried out as well.

What are the types of Atrial Fibrillation?

There are three types of AFib. It is important for you to know which type of AFib you have so that you can understand your condition and learn how to manage it.

Paroxysmal AFib

These episodes usually last for hours or days. The episodes come and go on their own, and do not usually last longer than one week.

Persistent AFib

These episodes last longer than one week and do not go away on their own. You will need medical treatment to bring back your normal regular rhythm.

Permanent AFib

Your irregular heartbeat does not return to normal rhythm and medical treatment cannot return the heart to normal

What Complications can AFib cause?

Although AFib is not generally life-threatening: it is a serious condition and can lead to you getting serious complications such as other heart problems and stroke. By knowing about the possible complications and working closely with your doctor, you can find out how to lower your chances of them happening to you. Speak to your doctor if you have questions or concerns about any of the complications of AFib.

Stroke

In AFib your heart beats in an irregular way, and this can cause blood clots to form in your heart. These clots may then be pumped around your body. Clots that lodge in your brain can cause a stroke.
A Stroke is a brain attack. It happens when a blood vessel, which is carrying oxygen and nutrients to the brain, bursts or is blocked by a clot. This causes an interruption of the blood supply to part of your brain. This can damage or destroy brain cells which will affect your body functions.

People with AFib are five times more at risk of having a stroke than people without Afib. You can reduce the risk by treating any other risk factors, such as high blood pressure, heart valve problems and coronary artery disease, and making sure you take your tablets regularly and follow a healthy balance lifestyle.

Long term damage to the heart

Your heart can be damaged over time by having an uncontrolled heart rate for weeks or months like in AFib. It reduces the heart's ability to pump as well as it needs to. This can lead to long-term complications such as heart failure and other heart conditions.

Heart failure means that your heart is not working properly as a pump to deliver oxygen-rich blood to the body to meet its needs. You could get swollen ankles and buildup of fluid in your lungs causing breathlessness. Even if you have been diagnosed with heart failure, it is important to know your heart is not about to stop! Your symptoms will improve with the right treatment. Most people with this condition live active and comfortable lives.

Increased chance of going into hospital

Having AFib means you will probably need to go to hospital more often. Between 50 to 66 percent of people with AFib need to go to hospital because of their AFib.

How do I manage my Atrial Fibrillation?

It is important to understand how to best manage your AFib to avoid complications. If you do this then you:

- Reduce your chance of having a stroke.
- Reduce the impact of AFib on your life such as the symptoms, return of symptoms, or the quality of life.
- Reduce your risk of hospital admissions and illness form long-term heart weakness.

What are the Treatments for AFib?

There are several medicine and non-medicinal options available to help you manage your AFib. There are two main strategies to control your irregular heartbeat: rate control or rhythm control. Some people may also be prescribed ant-thrombotic medication known as blood thinners. Ask your doctor if you would like to know more about any of the following management options.