LIVING WITH ATRIAL FIBRILLATION

FAQS

WHAT IS ATRIAL FIBRILLATION?

Atrial Fibrillation (AFib) is the most common type of abnormal heart rhythm (or arrhythmia) and is found in approximately 33 million people around the world.[1] AFib is a fast and disorganized heartbeat that occurs in the upper chambers of the heart (the atria). A normal heart beats between 60-100 times per minute. During AFib, the atria may beat between 350 - 600 times per minute, making them appear to quiver (fibrillate) rather than beat regularly. As a result, the heart loses its ability to pump blood efficiently.

WHAT ARE SYMPTOMS OF AFIB?

COMMON AFIB SYMPTOMS INCLUDE:

- Racing, pounding heart
- Erratic pulse
- Feeling worn out, fatigued
- Shortness of breath
- Trouble with normal exercise and activities
- Chest pain or pressure
- Lightheadedness, dizziness and fainting

WHAT ARE HEART PALPITATIONS?

Heart palpitations are described as a pounding, racing or fluttering of the heart.

IS AFIB GENETIC?

AFib can occasionally be genetic, meaning transmitted through the genes, and therefore occurs often in a given family.

IS AFIB A PRELUDE TO A HEART ATTACK?

No. A heart attack is a sudden event in which a portion of the heart muscle stops working because it no longer receives blood, usually due to a blockage in the coronary artery. AFib is primarily an electrical problem that causes the heart to beat too fast.

CAN I DIE FROM AFIB?

Most episodes of AFib are not life-threatening, but AFib is a progressive disease and tends to get more severe over time. The biggest danger from AFib is the increased risk for heart disease and stroke, both leading causes of death in the United States.

WHAT DOES AN ECG RECORD?

An electrocardiogram (ECG or EKG) records the heart's electrical activity.

CAN AFIB GO AWAY BY ITSELF?

On occasion this does happen. In a process called spontaneous remission, the heart adjusts to whatever caused the AFib and starts beating normally. This is very rare, however, and you should continue being supervised by your physician.

CAN AFIB BE CURED?

While today there is no cure for AFib, many physicians are achieving improved success in the treatment of this disease. Because AFib is easier to treat in its earlier stages, you should not wait to explore your treatment options.

WHAT TREATMENT OPTIONS ARE AVAILABLE?

Your physician will work with you to develop a treatment plan. The treatment prescribed will depend on the severity of your AFib, your symptoms and your lifestyle. Treatment options can be placed in two categories: **SUPPRESSIVE AND CURATIVE**. Suppressive therapies work to suppress, or control, symptoms; curative therapies are designed to eliminate the cause of the condition and have the potential to cure the disease.

SUPPRESSIVE THERAPIES

ARRHYTHMIA MEDICATION

While taking medication will not cure an arrhythmia, it may help control an irregular heart rate or restore and/or maintain a normal heart rhythm.

ELECTRICAL CARDIOVERSION

Occasional episodes of AFib can be treated electrically with a procedure called a cardioversion. During the procedure, an electrical shock is delivered to your heart to stop AFib and restore a normal heart rhythm. The procedure is performed at the hospital under anesthesia.

DEVICE PROCEDURE

Pacemakers (treat slow or irregular rhythms) or implantable cardioverter defibrillators (ICDs; treat dangerously fast rhythms) have special features designed to help patients with AFib. As with all AFib management options, device-based therapy should be monitored on a regular basis by your doctor.

POTENTIALLY CURATIVE THERAPIES

CARDIAC ABLATION

The doctor will access the heart through a blood vessel. A catheter (a long, steerable tube) will enter the vessel and be placed in your heart where diagnostic devices will be used to determine the area of the heart that needs to be treated. The doctor will use the ablation catheter to apply energy to the targeted heart tissue. This will isolate the area from the rest of the heart and prevent it from producing AFib.

WHAT ARE THE BENEFITS OF THE CATHETER ABLATION PROCEDURE?

- The procedure is minimally invasive.
- It may permanently interrupt the triggers of the heart arrhythmia; many patients require no further treatment.
- For some patients, it brings freedom from long-term use of blood-thinning medications.
- Recovery is relatively fast; most patients leave the hospital after one or two days and resume normal activities a few days after the procedure.

Always consult your doctor with questions about AFib, symptoms, or best treatment options.

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References

1. Morillo, C. A., Banerjee, A., Perel, P., Wood, D., & Jouven, X. (2017). Atrial fibrillation: the current epidemic. Journal of geriatric cardiology : JGC, 14(3), 195–203. https://doi.org/10.11909/j.issn.1671-5411.2017.03.011

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