

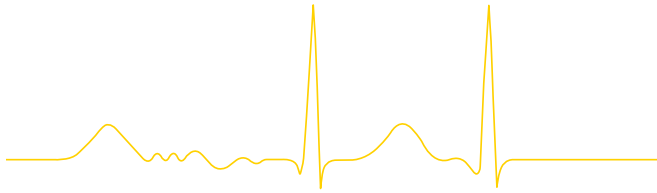


ATRIAL FIBRILLATION ANSWERS



WHAT IS ATRIAL FIBRILLATION?

Atrial fibrillation (AFib) is the most common type of abnormal heart rhythm and is found in approximately thirty-seven million people around the world.¹ AFib is a very fast and disorganized heartbeat that occurs in the upper chambers of the heart (the atria). During AFib, the atria may beat between 350 and 600 times per minute, making them appear to quiver (fibrillate) rather than beat.³ As a result, the heart loses its ability to pump efficiently.



POTENTIAL CONTRIBUTING FACTORS FOR AFIB²

- Existing heart disease, heart failure and congenital defects
- High blood pressure
- Diabetes, obesity and metabolic syndrome
- Hyperthyroidism
- Chronic lung disease
- Excessive alcohol and stimulant use
- Smoking and caffeine consumption
- Stress or illness
- Sleep apnea
- Prior open-heart surgery
- Use of certain medications

WHAT ARE THE SYMPTOMS OF AFIB?



COMMON AFIB SYMPTOMS MAY INCLUDE⁴

- 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

Many people who have AFib do not experience these outward symptoms. Anyone who has been diagnosed with AFib may be at risk for stroke.⁴

Because of the extremely fast beating of the atria, the heart's pumping action does not work properly and blood is not completely emptied from the heart's chambers. This can cause it to pool and develop blood clots. If a clot breaks free, it may result in a stroke. People who have AFib are five times more likely to have a stroke than people who do not have AFib.²

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MILLION

**PEOPLE HAVE BEEN
DIAGNOSED WITH AFIB¹**

HOW WILL MY PHYSICIAN DETERMINE IF I HAVE AFIB?

The first step in diagnosing AFib is a thorough medical history and physical exam. It is important to let your physician know about your symptoms and provide information on when they began, how long they last and what they feel like in addition to recounting your family's medical history as well.

In addition, your physician may choose to use one or more tests. These may include:



ELECTROCARDIOGRAM (ECG OR EKG)

This is a basic test that typically takes place in your doctor's office. The test is pain free and consists of placing sticky patches on your wrists, ankles and chest to record your heart's electrical activity. The test provides the physician with timing and duration of your heartbeat.



HOLTER MONITOR

This device is a small portable ECG monitor that you wear around your neck or in a pocket to automatically record your heart's activity. It records your heart rhythm as you go about your daily activities for 24 to 48 hours, and provides your doctor with information about changes in your heart rhythm over that period of time.



ELECTROPHYSIOLOGY STUDY

An electrophysiology study takes place in a lab or hospital and is performed by an electrophysiologist or EP. An EP is trained in heart rhythm disorders. The EP will access the heart through a blood vessel. A catheter will enter the vessel and be placed in your heart where diagnostic devices are used to evaluate your heart and determine how best to treat it. Treatment may consist of medication, medical procedure or an implanted device.



BLOOD TEST

Your doctor may conduct a blood test to rule out other conditions that may cause arrhythmias. For example, hyperthyroidism — overproduction of the thyroid hormone — and other chemical abnormalities in the blood may trigger AFib episodes.



IMPLANTABLE CARDIAC MONITOR

An implantable cardiac monitor provides monitoring for up to six years, giving your doctor information about changes in your heart rhythm during daily activities. An implantable cardiac monitor can capture valuable diagnostic information during AFib and other cardiac arrhythmia episodes. This device allows physicians to diagnose the causes of arrhythmias and provide the appropriate patient care.



WHAT TREATMENT OPTIONS ARE AVAILABLE?

Your physician will work with you to develop a treatment plan, with the primary goals being:

- Control your heart rate.
- Reduce your stroke risk.
- Control your symptoms by restoring a normal heart rhythm.
- Help you return to a healthy, active life.

POTENTIAL AVAILABLE TREATMENT OPTIONS

To see what your quality-of-life score is to best determine your treatment path forward and share with your physician, access the AFEQT Questionnaire by downloading the AFibLife™ App.



ARRHYTHMIA MEDICATION

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

- Anti-arrhythmic medications or medications such as beta blockers used under physician supervision can potentially reduce AFib incidents and symptoms.
- If you have AFib, your doctor may prescribe blood-thinner medication to help reduce the risk of blood clots forming and causing a stroke.

ELECTRICAL CARDIOVERSION

Occasional episodes of AFib may be treated electrically with a procedure called 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.

CARDIAC ABLATION

For over 20 years ablations have been conducted on patients wishing to improve their quality of life with AFib. A safe and non-invasive procedure, the doctor will access the heart through a blood vessel. A catheter (a special long, steerable tube with wires) 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 catheter to apply energy to the targeted heart tissue. This will isolate the area from the rest of the heart and prevent it from triggering AFib.

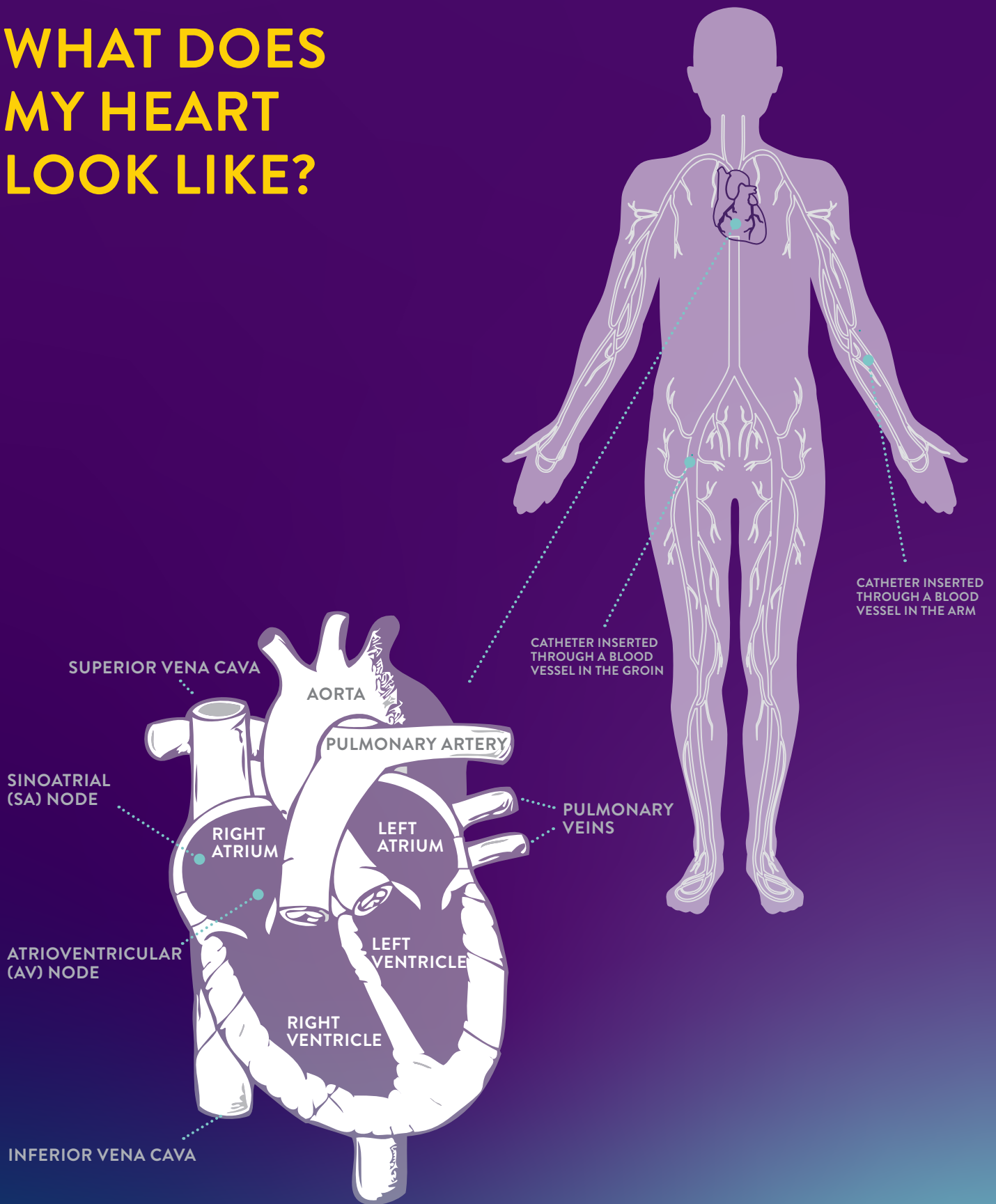
WHAT ARE THE BENEFITS OF THE CATHETER ABLATION PROCEDURE?

- 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.



This information is intended as a general overview. Your experience may differ. Please talk with your physician for specifics regarding your case.

WHAT DOES MY HEART LOOK LIKE?



FREQUENTLY ASKED QUESTIONS

WHAT ARE HEART PALPITATIONS?

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

IS ATRIAL FIBRILLATION GENETIC?

AFib may be genetic, meaning transmitted through the genes, and hence recurrent in a given family.

IS ATRIAL FIBRILLATION 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, whereas AFib is primarily an electrical or rhythm problem that causes the heart to beat too fast.

CAN I DIE FROM ATRIAL FIBRILLATION?

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 ECG (sometimes called an EKG) records the heart's electrical activity.

CAN ATRIAL FIBRILLATION 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.

IS ATRIAL FIBRILLATION CURABLE?

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.

TALKING ABOUT YOUR HEART ARRHYTHMIA TREATMENT

Receiving an arrhythmia diagnosis and learning about your treatment options can feel overwhelming. However, talking with your doctor and medical team is extremely important, especially as you learn about your doctor's recommended treatment. Always take time to prepare for your conversations with your doctor about your heart arrhythmia treatment.

PATIENT RESOURCES

To learn more about AFib, talk to your physician. and download the AFibLife™ App.



For more resources, visit www.afanswers.com



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

1. Manning, W. J., Singer, D. E., & Lip, G. Y. H. (2019). Global epidemiology of atrial fibrillation: An increasing epidemic and public health challenge. *Heart*, 105(24), 1862-1869. <https://doi.org/10.1136/heartjnl-2019-315568>
2. National Heart, Lung, and Blood Institute. (2022, November 30). Atrial fibrillation: Causes and risk factors. National Institutes of Health. <https://www.nhlbi.nih.gov/health/atrial-fibrillation/causes>
3. National Center for Biotechnology Information. (2018). Atrial fibrillation: Current understanding and treatment. National Institutes of Health. <https://www.ncbi.nlm.nih.gov/books/NBK526072/>
4. National Heart, Lung, and Blood Institute. (2022, November 30). Atrial fibrillation: Causes and risk factors. National Institutes of Health. <https://www.nhlbi.nih.gov/health/atrial-fibrillation/causes>

These materials are not intended to replace your doctor's advice or information. For any questions or concerns you may have regarding the medical procedures, devices and/or your personal health, please discuss these with your physician.

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