

Atrial fibrillation

The heart usually beats in a regular rhythm. Atrial fibrillation (AF) occurs when the upper chambers of the heart (the atria) beat in an irregular and uncoordinated way, called fibrillation. The heart rate in AF may sometimes be much faster than normal.

Three to six million people in the United States have AF. Although it usually occurs in people over 60, it can occur in younger adults too.



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What symptoms can AF cause?

People with AF may feel their heart pounding or palpitating, or note an irregular pulse.

AF may also cause:

- weakness
- chest discomfort
- inability to exercise
- dizziness
- shortness of breath
- fainting

However, some people with AF don't have any symptoms at all.

Because the atria are not beating normally, AF increases the risk that a blood clot may form in the heart. These clots can flow up to the brain and cause a stroke. The good news is that the risk of stroke with AF can be greatly reduced with proper management.



How is AF diagnosed?

Your healthcare professional might order an electrocardiogram (ECG) to assess your heart rhythm. You may also be asked questions to assess your risk of stroke. This will help decide what treatment might be best for you.

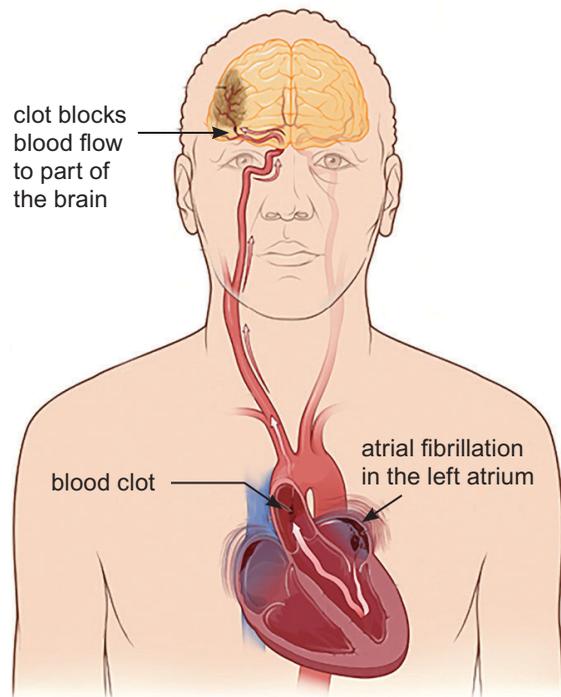
How is AF treated?

There are three major goals in managing AF in most patients:

1. Treat any other medical conditions that may cause AF.
2. Prevent blood clots from forming in the heart, to reduce the risk of stroke.
3. Keep the heart rate in a normal range.

Treating conditions that can cause AF

Some conditions that cause AF can be treated, such as an overactive thyroid. But often, no other medical cause is found. Treatment of AF usually focuses on managing the heart's rate and/or rhythm, and preventing blood clots.



Preventing stroke

Preventing clots is one of the most important parts of managing AF. Untreated AF raises the risk of stroke, because clots that form in the atria can break off and flow to the brain. However, anticoagulant medications (“blood thinners”) can **reduce that risk by two-thirds**.

Several drugs reduce the blood’s ability to clot, which lowers the risk of stroke. These medications include:

- apixaban (Eliquis)
- dabigatran (Pradaxa)
- edoxaban (Savaysa)
- rivaroxaban (Xarelto)
- warfarin (Coumadin)

Based on your risk of stroke and other factors, your healthcare professional will help you decide which option is best for you.

Controlling heart rate

Several medicines can slow down the heart rate in AF if it is too rapid. These include beta-blockers (e.g., metoprolol), calcium channel blockers (e.g., diltiazem, verapamil), and digoxin.

Controlling heart rhythm

Some medications can help the heart go back into a normal rhythm. They may not be needed for people whose heart rates can be slowed down enough with heart rate medications.

Other treatments

If AF is not controlled with drugs, several procedures can help the heart return to a normal rhythm. These include giving an electric shock through the skin (cardioversion) or threading a catheter through a vein and into the heart (ablation) to eliminate the abnormal heart rhythm.

What else can I do?

- Take your medications as prescribed.
- Talk to your healthcare professional before stopping any medications.
- Stop or reduce alcohol use.

Want to know more?

Visit our website at AlosaHealth.org/AtrialFibrillation for resources from:

- American Heart Association
 - Heart Rhythm Society
 - American Stroke Association
 - American College of Cardiology
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These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition.

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