

September 2018- National Atrial Fibrillation (Afib) Awareness Month



A note from the author—

This month, I decided to go back to my roots and write about a heart-related subject that affects millions of people—atrial fibrillation. Several years ago, I featured this same article and many have found it helpful. Whether you have been diagnosed with this type of heart condition, or you know that a family member has been diagnosed with this heart condition, you may be at risk for more serious health conditions/ diseases, such as heart attacks or strokes. Atrial Fibrillation — also known as AFib or AF — is the most common type of heart arrhythmia. It affects more than 2.5 million American adults and 4.5 million people living in Europe, and accounts for approximately one-third of hospitalizations for cardiac rhythm disturbances. Read more below to find out about how afib occurs, why treatment is so important, and how to live with afib.



What is Atrial Fibrillation?

Atrial fibrillation is a type of heart arrhythmia, or a problem with the rate and/or rhythm of the heartbeat. During an arrhythmia, the heart can beat too fast, too slow, or with an irregular rhythm. Atrial fibrillation, more specifically, is characterized by a rapid and irregular heartbeat caused when the top chambers of the heart (the atria) quiver (fibrillate) erratically, sometimes faster than 200 times per minute.

Since atrial fibrillation is an irregular and rapid heart rate, it commonly causes poor blood flow to the body. During atrial fibrillation, the heart's two upper chambers (the atria) beat chaotically and irregularly — out of coordination with the two lower chambers (the ventricles) of the heart. Atrial fibrillation symptoms often include heart palpitations, shortness of breath and weakness. AF may happen rarely or every now and then, or it may become an ongoing or long-term heart problem that lasts for years.

Types of Afib

There are three main types of atrial fibrillation, characterized by the frequency of episodes of the rapid, irregular heart rhythm known as afib.

Paroxysmal Atrial Fibrillation

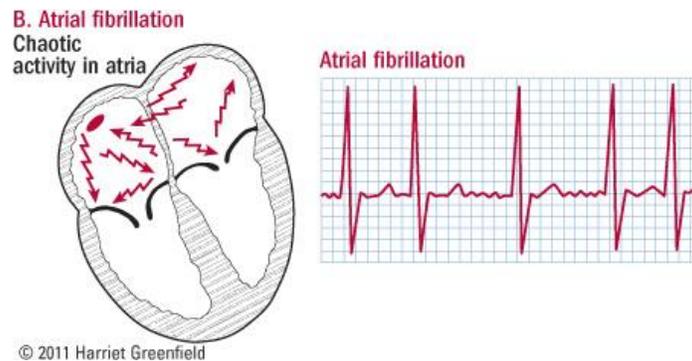
In paroxysmal (par-ok-SIZ-mal) atrial fibrillation (AF), the faulty electrical signals and rapid heart rate begin suddenly and then stop on their own. Symptoms can be mild or severe. They stop within about a week, but usually in less than 24 hours.

Persistent Atrial Fibrillation

Persistent AF is a condition in which the abnormal heart rhythm continues for more than a week. It may stop on its own, or it can be stopped with treatment.

Permanent Atrial Fibrillation

Permanent AF is a condition in which a normal heart rhythm can't be restored with treatment. Both paroxysmal and persistent AF may become more frequent and, over time, result in permanent AF.



What causes atrial fibrillation?

AF occurs if rapid, disorganized electrical signals cause the heart's two upper chambers—called the atria (AY-tree-uh)—to fibrillate. The term "fibrillate" means to contract very fast and irregularly.

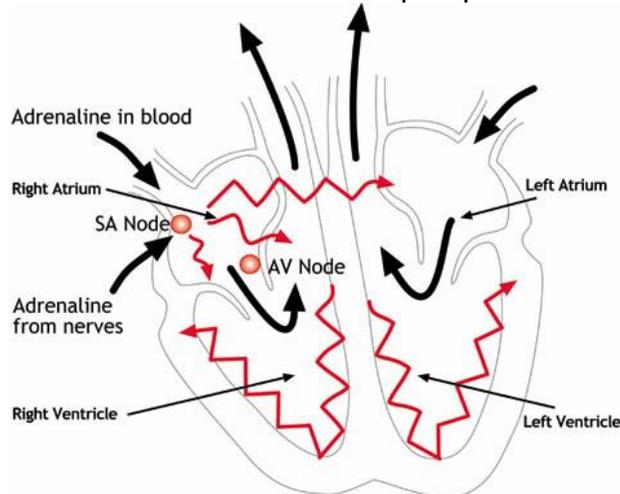
IT'S NOT NICE



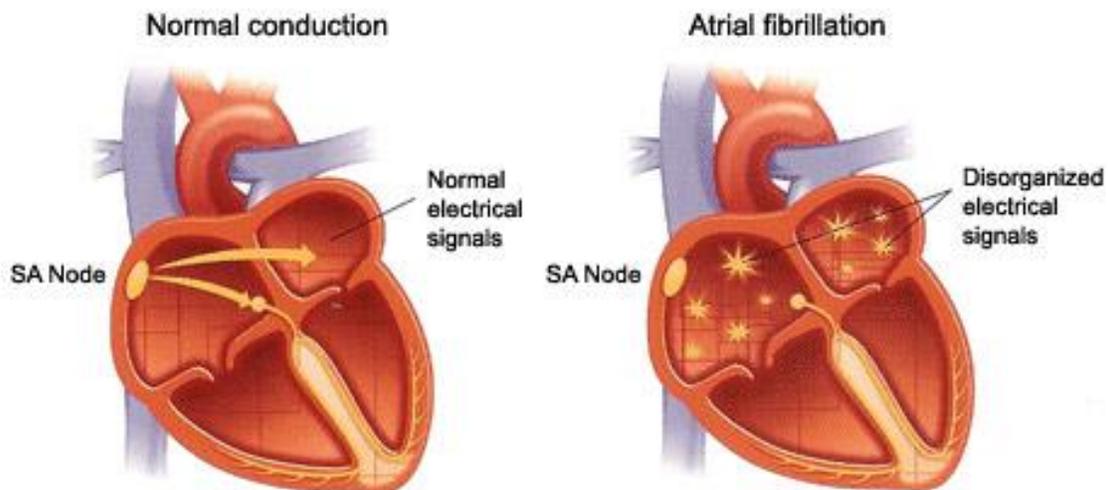
TO FIB

The Heart's Electrical System

To understand AF, it helps to understand the heart's internal electrical system. The heart's electrical system controls the rate and rhythm of the heartbeat. With each heartbeat, an electrical signal spreads from the top of the heart to the bottom. As the signal travels, it causes the heart to contract and pump blood.



Your heart consists of four chambers — two upper chambers (atria) and two lower chambers (ventricles). Within the upper right chamber of your heart (right atrium) is a group of cells called the sinus node. This is your heart's natural pacemaker. The sinus node produces the impulse that normally starts each heartbeat. Each electrical signal begins in a group of cells called the sinus node or sinoatrial (SA) node. The SA node is located in the right atrium. In a healthy adult heart at rest, the SA node sends an electrical signal to begin a new heartbeat 60 to 100 times a minute. (This rate may be slower in very fit athletes.)



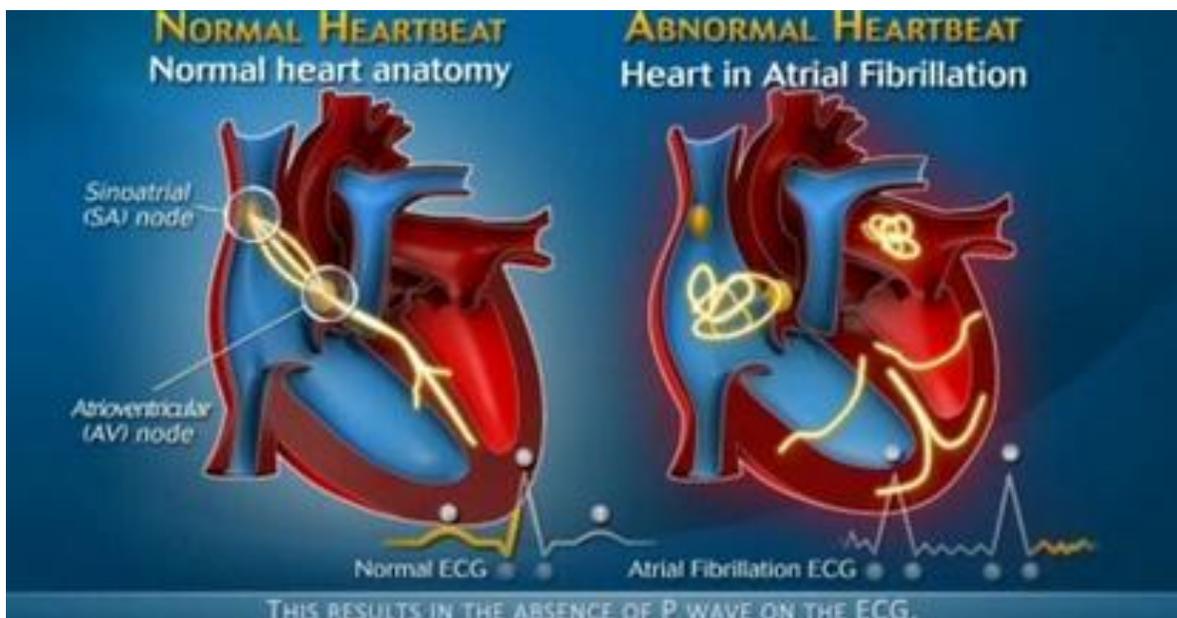
Normally, the impulse travels first through the atria and then through a connecting pathway between the upper and lower chambers of your heart called the atrioventricular (AV) node. As the signal passes from the sinus node through the atria, they contract, pumping blood from your atria into the ventricles below. As the signal passes through

the AV node to the ventricles, it signals the ventricles to contract, pumping blood out to your body.

Next, from the SA node, the electrical signal travels through the right and left atria. It causes the atria to contract and pump blood into the ventricles. The electrical signal then moves down to a group of cells called the atrioventricular (AV) node, located between the atria and the ventricles. Here, the signal slows down slightly, allowing the ventricles time to finish filling with blood. The electrical signal then leaves the AV node and travels to the ventricles. It causes the ventricles to contract and pump blood to the lungs and the rest of the body. The ventricles then relax, and the heartbeat process starts all over again in the SA node.

In atrial fibrillation, the upper chambers of your heart (atria) experience chaotic electrical signals. As a result, they quiver. The AV node — the electrical connection between the atria and the ventricles — is bombarded with impulses trying to get through to the ventricles. The ventricles also beat rapidly, but not as rapidly as the atria, as not all the impulses get through. The reason is that the AV node is like a highway on-ramp — only so many vehicles can get on at one time.

The result is a fast and irregular heart rhythm. The heart rate in atrial fibrillation may range from 100 to 175 beats a minute. The normal range for a heart rate is 60 to 100 beats a minute.



Risk Factors for Afib

In the United States, AF is more common among Whites than African Americans or Hispanic Americans.

The risk of AF increases as you age. This is mostly because your risk for heart disease and other conditions that can cause AF also increases as you age. However, about half

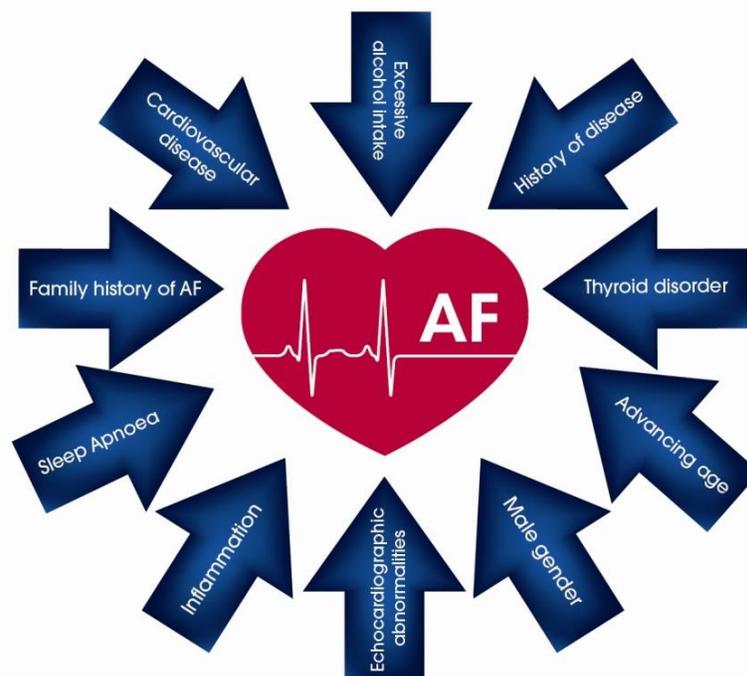
of the people who have AF are younger than 75. AF is uncommon in children. Certain factors may increase your risk of developing atrial fibrillation. These include:

- **Age.** The older you are, the greater your risk of developing atrial fibrillation.
- **Heart disease.** Anyone with heart disease — such as heart valve problems, congenital heart disease, congestive heart failure, coronary artery disease, or a history of heart attack or heart surgery — has an increased risk of atrial fibrillation.
- **High blood pressure.** Having high blood pressure, especially if it's not well-controlled with lifestyle changes or medications, can increase your risk of atrial fibrillation.
- **Other chronic conditions.** People with certain chronic conditions such as thyroid problems, sleep apnea, metabolic syndrome, diabetes, chronic kidney disease or lung disease have an increased risk of atrial fibrillation.
- **Drinking alcohol.** For some people, drinking alcohol can trigger an episode of atrial fibrillation. Binge drinking may put you at an even higher risk.
- **Obesity.** People who are obese are at higher risk of developing atrial fibrillation.
- **Family history.** An increased risk of atrial fibrillation is present in some families.

Other conditions that raise your risk for AF include hyperthyroidism (too much thyroid hormone), obesity, diabetes, and lung disease.

Certain factors also can raise your risk for AF. For example, drinking large amounts of alcohol, especially binge drinking, raises your risk. Even modest amounts of alcohol can trigger AF in some people. Caffeine or psychological stress also may trigger AF in some people.

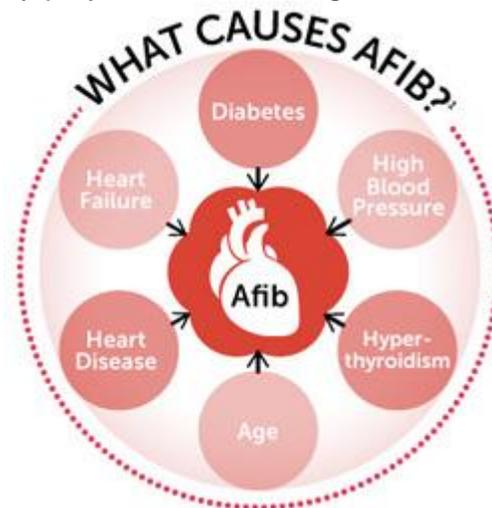
What are the risk factors for Atrial Fibrillation?



Some data suggest that people who have sleep apnea are at greater risk for AF. Sleep apnea is a common disorder that causes one or more pauses in breathing or shallow breaths while you sleep. Metabolic syndrome also raises your risk for AF. Metabolic syndrome is the name for a group of risk factors that raises your risk for CHD and other health problems, such as diabetes and stroke.

Research suggests that people who receive high-dose steroid therapy are at increased risk for AF. This therapy is used for asthma and some inflammatory conditions. It may act as a trigger in people who have other AF risk factors.

Genetic factors also may play a role in causing AF. However, their role isn't fully known.



Triggers for Atrial Fibrillation

Sometimes, afib occurs for no apparent reason. However, other times, certain concurrent medical conditions can “cause” or trigger atrial fibrillation. Abnormalities or damage to the heart's structure are the most common cause of atrial fibrillation.

Possible causes of atrial fibrillation include:

- High blood pressure
- Heart attacks
- Coronary artery disease
- Abnormal heart valves
- Heart defects you're born with (congenital)
- An overactive thyroid gland or other metabolic imbalance
- Exposure to stimulants, such as medications, caffeine or tobacco, or to alcohol
- Sick sinus syndrome — improper functioning of the heart's natural pacemaker
- Lung diseases
- Previous heart surgery
- Viral infections
- Stress due to pneumonia, surgery or other illnesses
- Sleep apnea

However, some people who have atrial fibrillation don't have any heart defects or damage, a condition called lone atrial fibrillation. In lone atrial fibrillation, the cause is often unclear, and serious complications are rare.

Symptoms of Atrial Fibrillation

A heart in atrial fibrillation doesn't beat efficiently. It may not be able to pump enough blood out to your body with each heartbeat.

Some people with atrial fibrillation have no symptoms and are unaware of their condition until it's discovered during a physical examination. Those who do have atrial fibrillation symptoms may experience signs and symptoms such as:

- Palpitations, which are sensations of a racing, uncomfortable, irregular heartbeat or a flip-flopping in your chest
- Weakness
- Reduced ability to exercise
- Fatigue
- Lightheadedness
- Dizziness
- Confusion
- Shortness of breath
- Chest pain



PALPITATIONS

The sensation of an accelerated and irregular heartbeat



DYSPNEA

Shortness of breath during physical efforts



FATIGUE

Physical tiredness



DIZZINESS

Light-headedness



SYNCOPE

Fainting



ANGINA

Retrosternal chest pain and discomfort

Atrial fibrillation may be:

- **Occasional.** In this case it's called paroxysmal (par-ok-SIZ-mul) atrial fibrillation. You may have symptoms that come and go, lasting for a few minutes to hours and then stopping on their own.
- **Persistent.** With this type of atrial fibrillation, your heart rhythm doesn't go back to normal on its own. If you have persistent atrial fibrillation, you'll need treatment such as an electrical shock or medications in order to restore your heart rhythm.
- **Permanent.** In this type of atrial fibrillation, the normal heart rhythm can't be restored. You'll have atrial fibrillation permanently, and you'll often require medications to control your heart rate. Most people with permanent atrial fibrillation will require blood thinners to prevent blood clots.

AFib Feels Like...



...**DRUMS**
POUNDING
IN MY CHEST.



...**THUNDER**
RUMBLING
IN MY CHEST.



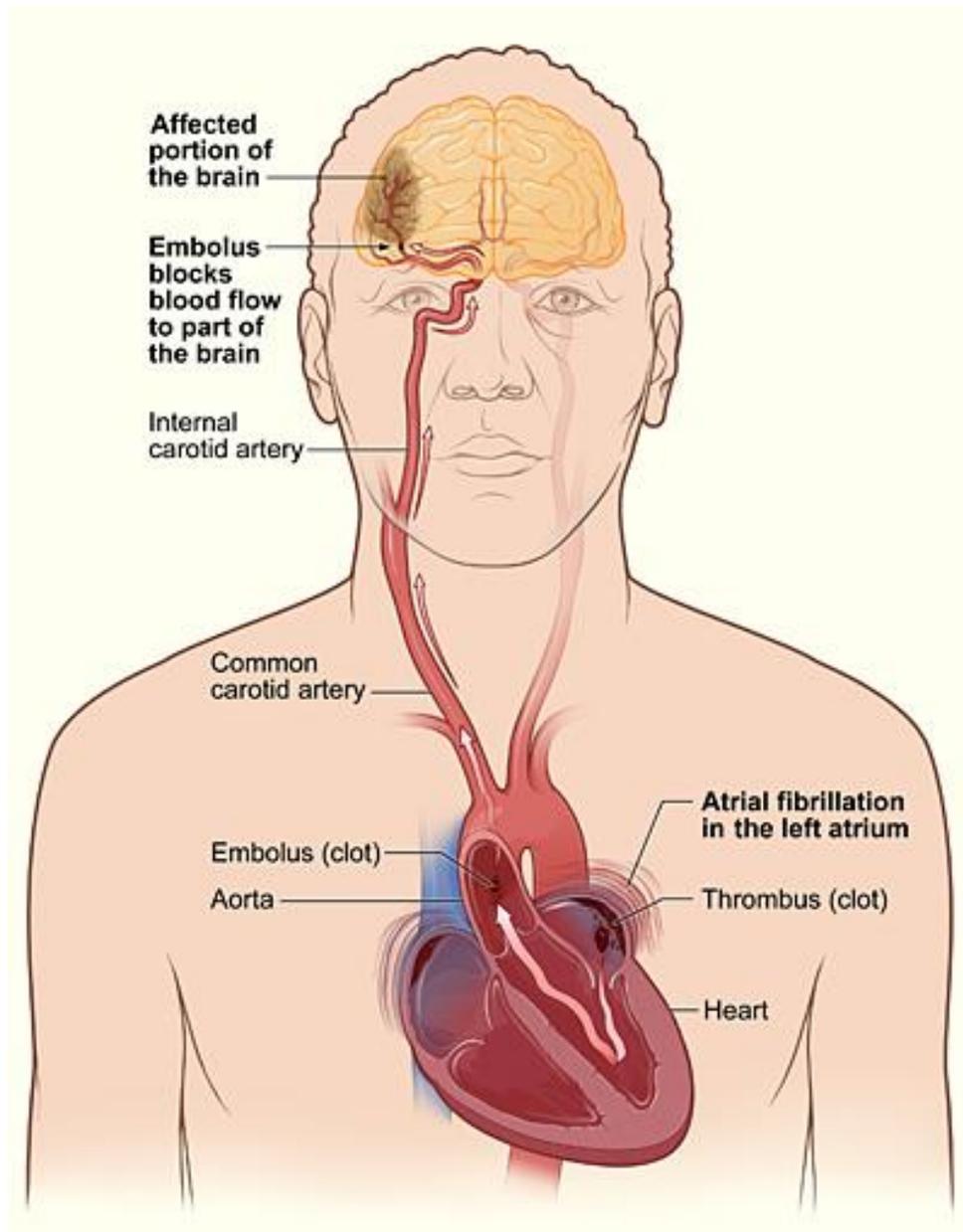
...**FISH**
FLOPPING
IN MY CHEST.

The Dangers/ Complications of Afib

Episodes of atrial fibrillation can come and go, or you may develop atrial fibrillation that doesn't go away and may require treatment. This progressive and debilitating disease can lead to stroke, heart failure, and Alzheimer's disease, and can double your risk of death. Afib takes a physical toll, an emotional toll, and a financial toll on those who are living with it—not just the patient, but the family, too.

Although atrial fibrillation itself usually isn't life-threatening, it is a serious medical condition that sometimes requires emergency treatment. It can lead to complications. In AF, blood pools in the atria. It isn't pumped completely into the heart's two lower chambers, called the ventricles. As a result, atrial fibrillation, due to the irregular nature of blood sloshing around inside of the heart, may lead to blood clots forming in the heart that may then circulate to other organs and lead to blocked blood flow (ischemia).

Due to the high risk for blood clots in patients with afib, these patients are at increased risk for heart attacks and strokes. As mentioned above, the chaotic rhythm of afib may cause blood to pool in your heart's upper chambers (atria) and form clots. If a blood clot forms, it could dislodge from your heart and travel to your brain (causing a stroke) or small coronary arteries supplying blood you heart (causing a heart attack).



Atrial fibrillation, especially if not controlled, may weaken the heart and lead to heart failure — a condition in which your heart can't circulate enough blood to meet your body's needs. The condition can also have a significant negative impact on an individual's quality of life, causing heart palpitations, chronic fatigue, debilitating pain and can increase the risk of stroke fivefold. The risk of stroke in atrial fibrillation depends on your age (you have a higher risk as you age) and on whether you have high blood pressure, diabetes, a history of heart failure or previous stroke, and other factors. Certain medications, such as blood thinners, can greatly lower your risk of stroke or the damage to other organs caused by blood clots.

Over time, afib changes the shape and size of the heart, altering the heart's structure and electrical system. Research at the University of Utah shows that this scarring (fibrosis) from long-term remodeling is correlated with strokes.

CLICK TO EXPAND

THE CLOCK IS TICKING... ...WITH AFIB, IT'S A RACE AGAINST TIME.

EVERY HOUR
PEOPLE WITH AFIB
15 WILL SUFFER
A STROKE

3 WON'T WALK
WITHOUT
ASSISTANCE

3 WILL HAVE
TO GO INTO
NURSING
HOMES

4 WILL DIE

CHANCE OF
DEVELOPING
AFIB
INCREASES
WITH AGE

AT 40 YOU HAVE A 25% CHANCE OF
DEVELOPING AFIB IN YOUR LIFE
BY 55 YOUR CHANCES DOUBLE
EVERY DECADE YOU LIVE

12 MILLION
PEOPLE COULD HAVE
AFIB BY 2050

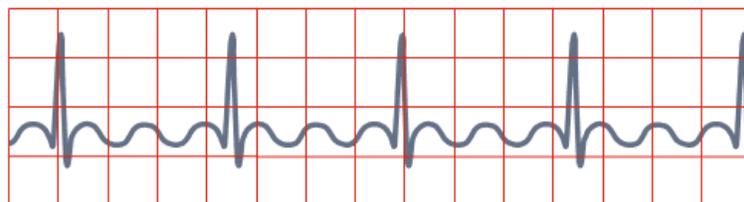
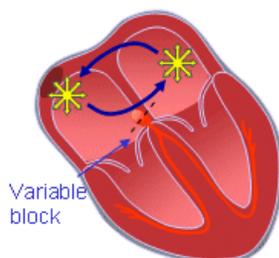
**TIME TO SPREAD
THE WORD** THOUSANDS
OF STROKES
COULD BE
PREVENTED

Afib's Cousin: Atrial Flutter

Atrial flutter is similar to atrial fibrillation, but the rhythm in your atria is more organized and less chaotic than the abnormal patterns common with atrial fibrillation. Sometimes you may have atrial flutter that develops into atrial fibrillation and vice versa. The risk factors for and the symptoms and causes of atrial flutter are similar to those of atrial fibrillation. For example, strokes are also a concern in someone with atrial flutter. As with atrial fibrillation, atrial flutter is usually not life-threatening when it's properly treated.

ATRIAL FLUTTER

Impulses travel in circular course in atria



Rapid flutter waves, ventricular response irregular

When to See Your Doctor

If you have any symptoms of atrial fibrillation, make an appointment with your doctor. Your doctor may order an electrocardiogram to determine if your symptoms are related to atrial fibrillation or another heart rhythm disorder (arrhythmia).

If you have chest pain, seek emergency medical assistance immediately. Chest pain could signal that you're having a heart attack.



Prepare for Your Appointment

If you think you may have atrial fibrillation, it is critical that you make an appointment with your family doctor. If atrial fibrillation is found early, your treatment may be easier and more effective. However, you may be referred to a doctor trained in heart conditions (cardiologist).

Because appointments can be brief, and because there's often a lot to discuss, it's a good idea to be prepared for your appointment. Here's some information to help you get ready for your appointment, and what to expect from your doctor.

- **Be aware of any pre-appointment restrictions.** At the time you make the appointment, be sure to ask if there's anything you need to do in advance, such as restrict your dietary intake. You may need to do this if your doctor orders blood tests.
- **Write down any symptoms you're experiencing,** including any that may seem unrelated to atrial fibrillation.
- **Write down key personal information,** including any family history of heart disease, stroke, high blood pressure or diabetes, and any major stresses or recent life changes.
- **Make a list of all medications,** vitamins or supplements that you're taking.
- **Take a family member or friend along,** if possible. Sometimes it can be difficult to understand and remember all the information provided to you during an appointment. Someone who accompanies you may remember something that you missed or forgot.
- **Write down questions** to ask your doctor.

Your time with your doctor is limited, so preparing a list of questions will help you make the most of your time together. List your questions from most important to least important, in case time runs out. For atrial fibrillation, some basic questions to ask your doctor include:

- What is likely causing my symptoms or condition?
- What are other possible causes for my symptoms or condition?
- What kinds of tests will I need?
- What's the most appropriate treatment?
- What foods should I eat or avoid?
- What's an appropriate level of physical activity?
- How often should I be screened for heart disease or other complications of atrial fibrillation?
- What are the alternatives to the primary approach that you're suggesting?
- I have other health conditions. How can I best manage them together?
- Are there any restrictions that I need to follow?
- Should I see a specialist? What will that cost, and will my insurance cover seeing a specialist? (You may need to ask your insurance provider directly for information about coverage.)
- Is there a generic alternative to the medicine you're prescribing?
- Are there any brochures or other printed material that I can take home with me?
What websites do you recommend visiting?

In addition to the questions that you've prepared to ask your doctor, don't hesitate to ask questions during your appointment.



What to Expect from Your Doctor

Your doctor is likely to ask you a number of questions. Being ready to answer them may save time to go over any points you want to spend more time on. Your doctor may ask:

- When did you first begin experiencing symptoms?
- Have your symptoms been continuous or occasional?
- How severe are your symptoms?
- What, if anything, seems to improve your symptoms?
- What, if anything, appears to worsen your symptoms?

Diagnosing Atrial Fibrillation

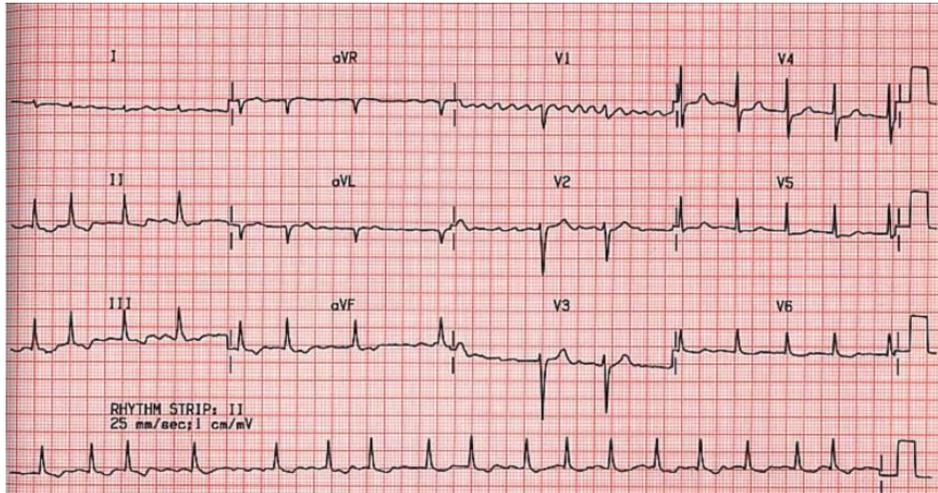
To diagnose atrial fibrillation, your doctor may review your signs and symptoms, review your medical history, and conduct a physical examination. Your doctor may order several tests to diagnose your condition, including:

- **Electrocardiogram (ECG).** An ECG uses small sensors (electrodes) attached to your chest and arms to record electrical signals as they travel through your heart. This test is a primary tool for diagnosing atrial fibrillation.
- **Holter monitor.** This portable ECG device is carried in your pocket or worn on a belt or shoulder strap. It records your heart's activity for 24 hours or longer, which provides your doctor with a prolonged look at your heart rhythms.



- **Event recorder.** This portable ECG device is intended to monitor your heart activity over a few weeks to a few months. You activate it only when you experience symptoms of a fast heart rate. When you feel symptoms, you push a button, and an ECG strip of the preceding few minutes and following few minutes is recorded. This permits your doctor to determine your heart rhythm at the time of your symptoms.
- **Echocardiogram.** In this noninvasive test, sound waves are used to produce a video image of your heart. Sound waves are directed at your heart from a wand-like device (transducer) that's held on your chest (transthoracic echocardiogram). The sound waves that bounce off your heart are reflected through your chest wall and processed electronically to provide video images of your heart in motion, to detect underlying structural heart disease. Doctors may conduct a type of echocardiogram in which they insert a flexible tube with a transducer attached and guide it down your throat into your esophagus (transesophageal echocardiography). In this test, sound waves are used to produce images of your heart, which may be seen more clearly with this type of echocardiogram. Doctors may use this test to detect blood clots that may have formed in your heart.

- **Blood tests.** These help your doctor rule out thyroid problems or other substances in your blood that may lead to atrial fibrillation.
- **Chest X-ray.** X-ray images help your doctor see the condition of your lungs and heart. Your doctor can also use an X-ray to diagnose conditions other than atrial fibrillation that may explain your signs and symptoms.



Treating Afib

The atrial fibrillation treatment that is most appropriate for you will depend on how long you've had atrial fibrillation, how bothersome your symptoms are and the underlying cause of your atrial fibrillation. Generally, the treatment goals for atrial fibrillation are to:

- Reset the rhythm or control the rate
- Prevent blood clots

The strategy you and your doctor choose depends on many factors, including whether you have other problems with your heart and if you're able to take medications that can control your heart rhythm. In some cases, you may need a more invasive treatment, such as surgery or medical procedures using catheters.

In some people, a specific event or an underlying condition, such as a thyroid disorder, may trigger atrial fibrillation. Treating the condition causing atrial fibrillation may help relieve your heart rhythm problems. If your symptoms are bothersome or if this is your first episode of atrial fibrillation, your doctor may attempt to reset the rhythm.

Resetting Your Heart's Rhythm: Cardioversion

Ideally, to treat atrial fibrillation, the heart rate and rhythm are reset to normal. To correct your condition, doctors may be able to reset your heart to its regular rhythm (sinus rhythm) using a procedure called cardioversion, depending on the underlying cause of atrial fibrillation and how long you've had it. Cardioversion can be conducted in two ways:

- **Electrical cardioversion.** In this brief procedure, an electrical shock is delivered to your heart through paddles or patches placed on your chest. The shock stops your heart's electrical activity momentarily. When your heart begins again, the

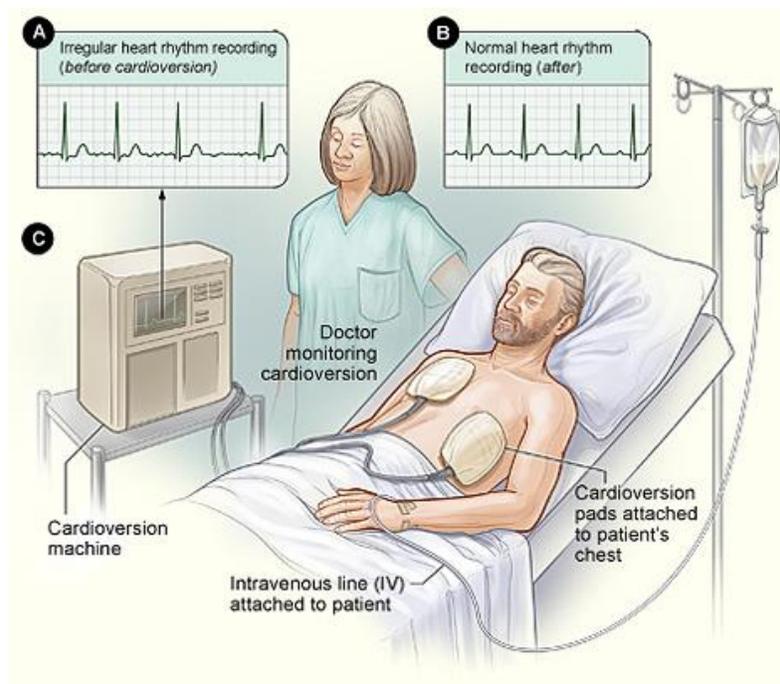
hope is that it resumes its normal rhythm. The procedure is performed during sedation, so you shouldn't feel the electric shock.

- **Cardioversion with drugs.** This form of cardioversion uses medications called anti-arrhythmics to help restore normal sinus rhythm. Depending on your heart condition, your doctor may recommend trying intravenous or oral medications to return your heart to normal rhythm.

This is often done in the hospital with continuous monitoring of your heart rate. If your heart rhythm returns to normal, your doctor often will prescribe the same anti-arrhythmic medication or a similar one to try to prevent more spells of atrial fibrillation.

Before cardioversion, you may be given a blood-thinning medication such as warfarin (Coumadin) for several weeks to reduce the risk of blood clots and stroke. Unless the episode of atrial fibrillation lasted less than 48 hours, you'll need to take warfarin for at least four weeks after cardioversion to prevent a blood clot from forming even after your heart is back in normal rhythm.

Or, instead of taking blood-thinning medications, you may have a test called transesophageal echocardiography — which can tell your doctor if you have any heart blood clots — just before cardioversion.



Maintaining a normal heart rhythm

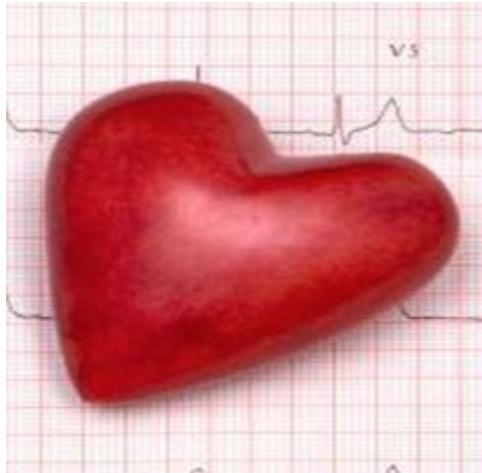
After electrical cardioversion, your doctor may prescribe anti-arrhythmic medications to help prevent future episodes of atrial fibrillation. Medications may include:

- Dofetilide (Tikosyn)
- Flecainide
- Propafenone (Rythmol)
- Amiodarone (Cordarone, Pacerone)

Although these drugs may help maintain a normal heart rhythm, they can cause side effects, including:

- Nausea
- Dizziness
- Fatigue

Rarely, they may cause ventricular arrhythmias — life-threatening rhythm disturbances originating in the heart's lower chambers. These medications may be needed indefinitely. Even with medications, the chance of another episode of atrial fibrillation is high.



Controlling Heart Rate

You may be prescribed medications to control your heart rate and restore it to a normal rate. Heart rate control can be achieved through several medications.

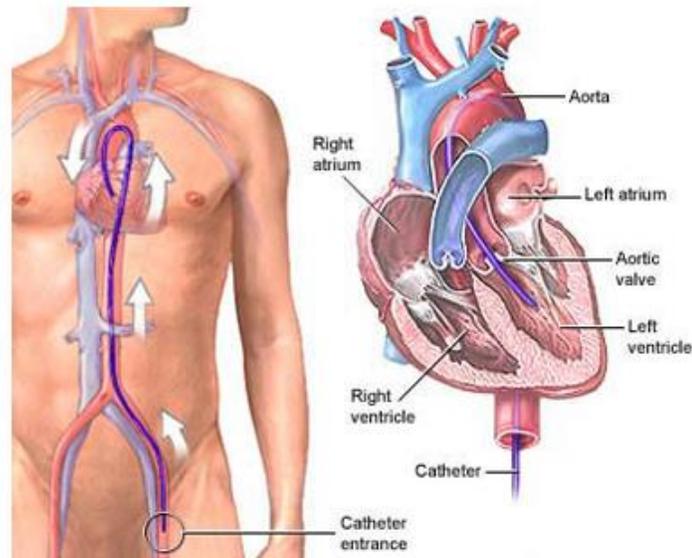
The medication digoxin (Lanoxin) may control heart rate at rest, but not as well during activity. Most people require additional or alternative medications, such as calcium channel blockers or beta blockers. Beta blockers may cause side effects such as worsening of heart failure and low blood pressure (hypotension). Calcium channel blockers can also cause side effects, and may need to be avoided if you have heart failure or low blood pressure.



Catheter and surgical procedures

Sometimes medications or cardioversion to control atrial fibrillation doesn't work. In those cases, your doctor may recommend a procedure to destroy the area of heart tissue that's causing the erratic electrical signals and restore your heart to a normal rhythm. These options can include:

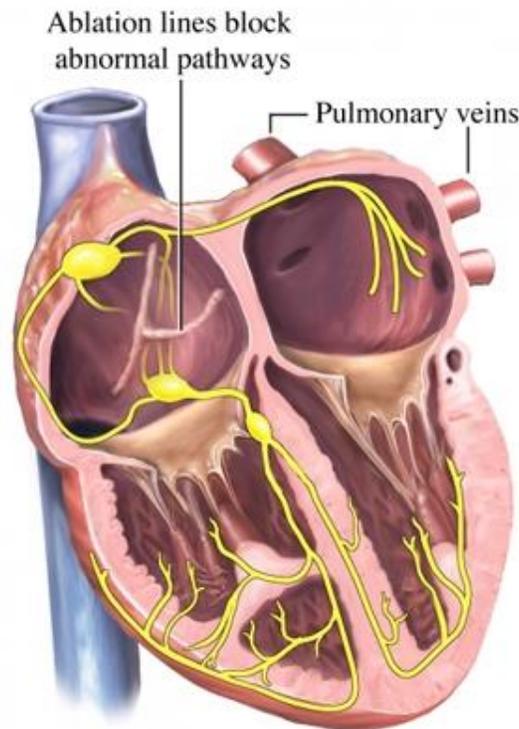
- **Catheter ablation.** In many people who have atrial fibrillation and an otherwise normal heart, atrial fibrillation is caused by rapidly discharging triggers, or "hot spots." These hot spots are like abnormal pacemaker cells that fire so rapidly that the upper chambers of your heart quiver instead of beating efficiently. In catheter ablation, a doctor inserts long, thin tubes (catheters) into your groin and guides them through blood vessels to your heart. Electrodes at the catheter tips can use radiofrequency energy, extreme cold (cryotherapy) or heat to destroy these hot spots, scarring the tissue so that the erratic signals are normalized. This corrects the arrhythmia without the need for medications or implantable devices.



- **Surgical maze procedure.** The maze procedure is conducted during an open-heart surgery. Using a scalpel, doctors create several precise incisions in the upper chambers of your heart to create a pattern of scar tissue. Because scar tissue doesn't carry electricity, it interferes with stray electrical impulses that cause atrial fibrillation. Radiofrequency or cryotherapy also can be used to create the scars, and there are several variations of the surgical maze technique. These procedures have a high success rate, but atrial fibrillation may recur. Some people may need catheter ablation or other treatment if atrial fibrillation recurs. Because the surgical maze procedure requires open-heart surgery, it's generally reserved for people who don't respond to other treatments or when it can be done during other necessary heart surgery, such as coronary artery bypass surgery or heart valve repair.
- **Atrioventricular (AV) node ablation.** If medications or other forms of catheter ablation don't work, or if you have side effects or are not a good candidate for other procedures, AV node ablation may be another option. The procedure

involves applying radiofrequency energy to the pathway connecting the upper chambers (atria) and lower chambers (ventricles) of your heart (AV node) through a catheter to destroy this small area of tissue.

The procedure prevents the atria from sending electrical impulses to the ventricles. The atria continue to fibrillate, though. A pacemaker is then implanted to keep the ventricles beating properly. After AV node ablation, you'll need to continue to take blood-thinning medications to reduce the risk of stroke because your heart rhythm is still atrial fibrillation.



Preventing blood clots

Many people with atrial fibrillation or those who are undergoing certain treatments for atrial fibrillation are at especially high risk of blood clots that can lead to stroke. The risk is even higher if other heart disease is present along with atrial fibrillation. Your doctor may prescribe blood-thinning medications (anticoagulants) such as:

- **Warfarin (Coumadin).** Warfarin may be prescribed to prevent blood clots. If you're prescribed warfarin, carefully follow your doctor's instructions. Warfarin is a powerful medication that may cause dangerous bleeding. You'll need to have regular blood tests to monitor warfarin's effects.
- **Newer anticoagulants.** Several newer blood-thinning medications (anticoagulants) are available. These medications are shorter acting than warfarin and don't require monitoring. It's very important to take these medications exactly as prescribed. You shouldn't take the newer anticoagulants if you have a mechanical heart valve.

Dabigatran (Pradaxa) is an anticoagulant medication that's as effective as warfarin at preventing blood clots that can lead to strokes, and doesn't require blood tests to make sure you're getting the proper dose.

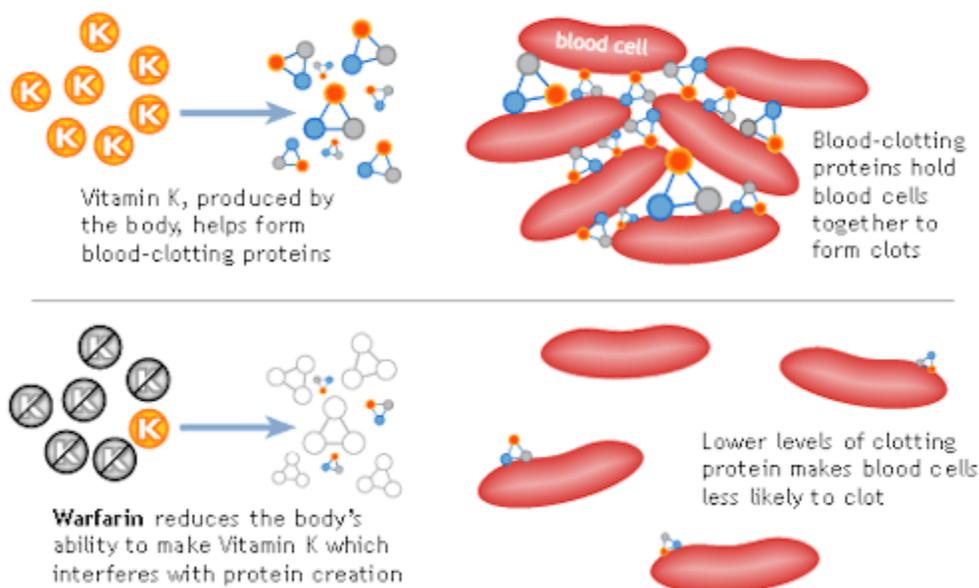
Rivaroxaban (Xarelto) is another anticoagulant medication that's as effective as warfarin for preventing strokes. Rivaroxaban is a once-daily medication.

Apixaban (Eliquis) is another anticoagulant medication that's as effective as warfarin for preventing strokes.

Talk to your doctor about taking one of these newer anticoagulants as an alternative to warfarin if you're concerned about your risk of stroke. Follow your doctor's dosing instructions carefully and don't stop taking any of these medications without talking to your doctor first.

Many people have spells of atrial fibrillation and don't even know it — so you may need lifelong anticoagulants even after your rhythm has been restored to normal.

How Warfarin Affects Blood Clotting



Living with Atrial Fibrillation

People who have AF can live normal, active lives. For some people, treatment can restore normal heart rhythms. For people who have permanent AF, treatment can help control symptoms and prevent complications. Treatment may include medicines, medical procedures, and lifestyle changes.

You may need to make lifestyle changes that improve the overall health of your heart, especially to prevent or treat conditions such as high blood pressure and heart disease. Your doctor may suggest several lifestyle changes, including:

- **Eat heart-healthy foods.** Eat a healthy diet that's low in salt and solid fats and rich in fruits, vegetables and whole grains.
- **Exercise regularly.** Exercise daily and increase your physical activity.
- **Quit smoking.** If you smoke and can't quit on your own, talk to your doctor about strategies or programs to help you break a smoking habit.
- **Maintain a healthy weight.** Being overweight increases your risk of developing heart disease.

- **Keep blood pressure and cholesterol levels under control.** Make lifestyle changes and take medications as prescribed to correct high blood pressure (hypertension) or high cholesterol.
- **Drink alcohol in moderation.** For healthy adults, that means up to one drink a day for women of all ages and men older than age 65, and up to two drinks a day for men age 65 and younger.
- **Maintain follow-up care.** Take your medications as prescribed and have regular follow-up appointments with your doctor. Tell your doctor if your symptoms worsen.

Preventing Episodes of Atrial Fibrillation

To prevent atrial fibrillation, it's important to live a heart-healthy lifestyle to reduce your risk of heart disease. A healthy lifestyle may include:

- Eating a heart-healthy diet
- Increasing your physical activity
- Avoiding smoking
- Keeping a healthy weight
- Limiting or avoiding caffeine and alcohol
- Reducing stress, as intense stress and anger can cause heart rhythm problems
- Using over-the-counter medications with caution, as some cold and cough medications contain stimulants that may trigger a rapid heartbeat



Resources

<http://www.hrsonline.org/News/Atrial-Fibrillation-AFib-Awareness#axzz3kDNB1JNF>

<http://www.stopafib.org/>

<http://medicomhealth.com/health-observance/national-atrial-fibrillation-awareness-month/>

<http://www.prnewswire.com/news-releases/september-is-national-atrial-fibrillation-awareness-month-survey-shows-americans-lack-awareness-about-afib-its-risk-factors-and-symptoms-275986251.html>

<http://www.physiciansweekly.com/atrial-fibrillation-awareness-month/>

<http://www.mayoclinic.org/diseases-conditions/atrial-fibrillation/basics/definition/con-20027014>

<http://www.nhlbi.nih.gov/health/health-topics/topics/af>