



ATRIAL FIBRILLATION

Atrial fibrillation is the most common heart rhythm disturbance, affecting 2.2 million people in the United States. If left untreated is a significant risk factor for stroke and other morbidities. Atrial fibrillation is a heart condition that causes episodes of irregular and often abnormally fast heart rate. When this happens, the heart cannot efficiently pump blood around the body.

A normal heart rate should be between 60 and 100 beats a minute at rest.

There are Three Main Types of Atrial Fibrillation:

Paroxysmal atrial fibrillation. This comes and goes and usually stops within 48 hours without any treatment.

Persistent atrial fibrillation. This lasts for longer than seven days (or less when it is treated).

Longstanding persistent atrial fibrillation. This usually lasts for longer than a year.

In atrial fibrillation, the upper chambers of the heart (atria) contract randomly and sometimes so fast that the

“1 in 4 people over 40 have a chance of developing AFIB.”

heart muscle cannot relax properly between contractions. This may lead to a number of problems, including dizziness and shortness of breath. You may also be aware of a fast and irregular heartbeat (palpitations) and feel very tired.

Some people with atrial fibrillation have no symptoms and are completely unaware that their heart rate is not regular.

There is no “typical” Atrial Fibrillation patient. Atrial Fibrillation occurs in men and women, in all races, and can occur at any age. Atrial Fibrillation is related to age; the older you get, the more likely you are to develop it. It affects about 10% of people over 75.

What are the Risks of Atrial Fibrillation?

The main risk associated with AF is stroke. This occurs because the atria are fibrillating and not beating in a coordinated way. This may increase the risk of blood clots because when the heart beats irregularly, the blood does not flow properly through the heart and the rest of the body. People with AF may need medication to reduce or prevent this risk. Left untreated or poorly monitored AF can lead to serious complications such as heart failure and stroke.

Having an uncontrolled heart rate for long periods of time (weeks or months) can damage the heart. You should check with your doctor that your heart rate is controlled adequately. In extreme cases, often when the rate is very fast or when it happens in a damaged heart, AF can cause heart failure, which means that the heart becomes weak as a result of the rapid rhythm.

Symptoms of Atrial Fibrillation

Some people with atrial fibrillation have no symptoms and it is only discovered during routine tests or investigations for another condition.

The most obvious symptom of atrial fibrillation is a fast and irregular heartbeat, usually over 140 beats a minute. You can determine your heart rate by feeling the pulse in your wrist or neck.

You May Also Experience:

- tiredness
- breathlessness
- dizziness
- chest pain (angina)

The way the heart beats in atrial fibrillation reduces the heart's efficiency and performance. This can result in low blood pressure and heart failure.

Causes of Atrial Fibrillation

The exact cause of atrial fibrillation is unknown.

Those at Risk

Atrial fibrillation is common in people with other heart conditions, such as:

- high blood pressure,
- atherosclerosis,
- heart valve disease,
- congenital heart disease (heart disease at birth)
- cardiomyopathy (wasting of the heart muscle), and
- pericarditis (inflammation of the lining surrounding the heart).

It is also associated with other medical conditions:

- hyperthyroidism (overactive thyroid gland),
- pneumonia,
- asthma,
- chronic obstructive pulmonary disease,
- lung cancer,
- diabetes,
- pulmonary embolism (a blockage in a vessel in your lungs), and
- carbon monoxide poisoning.

Triggers

Certain situations can trigger an episode of atrial fibrillation, including:

- drinking excessive amounts of alcohol (particularly binge drinking)
- being overweight
- drinking lots of caffeine, such as tea, coffee or energy drinks
- taking illegal drugs (particularly amphetamines or cocaine)
- smoking

An electrocardiogram (ECG) is a test that records the rhythm and electrical activity of your heart.

Small stickers, called electrodes, are attached to your arms and legs and connected by wires to an ECG machine. If you have the test during an attack of atrial fibrillation, the ECG will record your abnormal heart rate and a diagnosis of atrial fibrillation can be confirmed.

Complications of Atrial Fibrillation

Stroke

When the atria (upper chambers of the heart) are not

pumping efficiently, as in atrial fibrillation, there is a risk of blood clots forming.

These blood clots may move into the ventricles (lower chambers of the heart) and get pumped into the lungs or the general blood circulation.

Clots in the general circulation can block arteries in the brain, causing a stroke.

The risk of stroke in people with atrial fibrillation is about double that of the general population. However, the risk depends on a number of factors, including age and whether you have high blood pressure, heart failure, diabetes and a previous history of embolism (blood clots).

Heart Failure

If your atrial fibrillation is persistent, it may start to weaken your heart. In extreme cases, it can lead to heart failure (where your heart cannot pump blood around your body efficiently).

Treatment

The aim of treatment for AF is to control the heart rate (how fast it beats) and the heart rhythm (how regularly it beats). Medication can help control both the rate and rhythm of the heart. Sometimes people also need treatment called cardioversion to return their heart to its normal rhythm. Many people with AF need treatment called anticoagulation to reduce the risk of blood clots and stroke.

Because of the risk of blood clot and stroke, all people with persistent AF (or atrial flutter) should be offered anticoagulation treatment where this is appropriate, and on a long-term basis if necessary (<http://www.stopafib.org/medication.cfm>).

For More Information Visit:

<http://emedicine.medscape.com/article/151066-overview#a0156>

Please remember these are general guidelines only and you should always discuss with your primary care doctor.

Visit the Website:

www.LifeLineScreening.com

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