A Patient’s Guide to Atrial Fibrillation

ST PETER’S HEALTH PARTNERS
Cardiac & Vascular
Introduction

Atrial fibrillation can cause fear and anxiety. After receiving timely diagnosis and treatment, our goal is to help you manage your condition so it doesn't rule your life.

This booklet will explain what atrial fibrillation is, its symptoms, effects and treatments. You will also learn how to make basic lifestyle changes that will give you a better quality of life.

A Patient's Guide to Atrial Fibrillation

Table of Contents

2... Atrial Fibrillation: What is it?
3... Causes and Risk Factors
4... Signs and Symptoms of AF
5... Medication and Treatment Options
6... Atrial Fibrillation and Stroke
6... Life with Atrial Fibrillation
Atrial Fibrillation: What is it?

Atrial fibrillation (commonly referred to as "AF" or "A Fib") is an irregular heart rate or rhythm. The rate can be fast or slow. This heart rate starts in the upper part of the heart called the atria.

Atrial fibrillation happens when your heart produces extra electrical signals. These extra signals make the heart beat faster and in an irregular pattern. This irregular heartbeat can make you feel weak and tired. This can also make blood pool in your heart. This pooling of blood can cause blood clots to form in your heart. These blood clots can move and cause a stroke or heart attack. Leaving this heart problem untreated can lead to heart failure.

Your doctor may order an electrocardiogram (EKG or ECG) to determine if you have an irregular heartbeat. This test measures and records your heart's electrical activity in wavelengths. If an irregular heartbeat is found, it may be described as paroxysmal, persistent or permanent.
## Causes and Risk Factors

While there is no one cause of atrial fibrillation, it is commonly associated with many conditions. The most common causes and risk factors include:

- Older than 60 years of age
- Diabetes
- Heart problems:
  - High blood pressure
  - Coronary artery disease
  - Prior heart attacks
  - Congestive heart failure
  - Structural heart disease (valve problems or congenital defects)
  - Heart valve problems or heart defects you are born with
  - Open heart surgery or other heart surgery
  - Other abnormal heartbeats that have not been treated
- Thyroid disease
- Chronic lung problems
- Sleep apnea
- Overuse of alcohol or stimulant drugs
- Illness or infection which occurs over a long period of time

## Triggers

Some healthy people who have no other medical problems do develop AF. In these cases, the AF may be related to certain triggers such as an increase in alcohol or caffeine. It may also be related to certain drugs, chemical imbalances, severe infections, or genetic factors. In some cases, no cause can be found.
Signs and Symptoms of AF

The symptoms of atrial fibrillation are different for each person. Many people feel no symptoms at all. They do not even know they have AF or that there is a problem, while others can tell as soon as it begins. This is because the symptoms depend on the person’s age, the cause of the AF (heart problems, other diseases, etc.) and on how much AF affects the pumping of the heart.

The symptoms of AF include:
- Feeling overtired or a lack of energy (most common)
- Pulse that is faster than normal or changing between fast and slow
- Shortness of breath
- Heart palpitations (feeling like your heart is racing, pounding or fluttering)
- Having trouble with your normal, daily exercises or activities
- Pain, pressure, tightness or discomfort in your chest
- Dizziness, lightheadedness or fainting
- Increased urination (using the bathroom more often)

If you have AF that starts and stops, you may feel tired or drained after this happens. However, if you have continuous atrial fibrillation, you may not feel it; but you may be aware that you just don’t have as much energy as usual or that you don’t feel like yourself.

Medication and Treatment Options

There are several ways to treat atrial fibrillation. Your doctor will decide on a treatment for you based on several factors. These factors include your symptoms, the type of AF and the cause of your AF. Treatment goals include:
- Preventing blood clots from forming
- Controlling the heart rate
- Returning the heartbeat to a normal rhythm, if possible
- Treating the cause(s) of the abnormal rhythm and any AF complications
- Reducing the risk factors that may lead to the AF getting worse

Medication

If you have atrial fibrillation, you may need to take one or more medicines for the rest of your life, such as:
- Rhythm control medications (anti-arrhythmic drugs) – medications that help keep a normal heart rhythm
- Rate control medications – medications that slow down a fast heart rate and prevent weakening of the heart muscle
- Blood thinners – medications that help prevent blood clots and reduce the risk of stroke

Everyone reacts differently to medication. You may need to try more than one medicine before you find what works best for you and has the fewest side effects.

When medication proves unsuccessful, catheter ablation or surgical ablation may be considered.
Cardioversion

Even though you are taking medication, you may still go into AF from time to time. Your doctor may offer cardioversion as one treatment option.

Cardioversion is a procedure in which an electrical current, or shock, is given to the heart muscle to restore the normal rhythm. It may sound scary, but it is a simple, same-day procedure. This means you will not need to stay in the hospital after this procedure. You will receive sedation through an intravenous (IV) line during the procedure. This sedation will keep you from feeling any pain. Large pads (electrodes) will be placed on your chest. The electrical current will pass through these electrodes to return your heartbeat to normal rhythm.

Ablation

Radiofrequency ablation is a non-surgical procedure that can be used when medication is not working to control the heart rhythm. In this procedure thin, flexible wires called catheters are inserted into a vein in your groin and/or neck. Electrodes, which are located at the tip of the catheter, detect electrical signals from different parts of the heart. The electrophysiologist (doctor who specializes in treating heart rhythm conditions) guides the electrode to the exact location of the affected cells. Mild, painless radiofrequency energy is then sent from the electrode tip to eliminate the cells that conduct extra impulses which can trigger AF.

Ablation is done in an electrophysiology lab in the hospital by a team of highly skilled nurses and technicians who work alongside the electrophysiologist. The goal of the procedure is to reduce the frequency and duration of AF episodes.
Surgical Treatment for Atrial Fibrillation

Minimally-invasive intervention or surgery is an option for many patients with atrial fibrillation. Usually this treatment is used for AF patients who are not helped by medication or radiofrequency ablation. Surgery may also be used if there is another heart condition that requires surgery, such as valve or coronary artery disease. Physicians will try to treat both issues at the same time.

Atrial Fibrillation and Stroke

People with AF are more likely to have a stroke than the general population. The reason for this is that with an irregular heart rate, blood does not flow through the heart quickly. This makes the blood more likely to clot. If a clot is pumped out of the heart, it can travel to the brain resulting in a stroke. Clots can also travel to other parts of the body (kidneys, heart, intestines, etc.) and cause other damage. For these reasons, anticoagulant medication, also called a blood thinner, is the most common medication used in managing atrial fibrillation.

In addition to taking medications, there are some changes you can make to improve your heart health.

Life With Atrial Fibrillation

Stop Smoking

Smoking hurts the lungs and the heart. If you smoke, you should make the effort to quit now. Ask your doctor about smoking cessation products that may work best for you.

Also, stay away from places where other people smoke so that you don’t breathe in any second-hand smoke.

Limit or Avoid Alcohol

Alcohol makes it harder for the heart to work. Ask your doctor how much alcohol (if any) is safe for you.

Limit Caffeine

Some people are sensitive to caffeine and may notice more symptoms when using caffeinated products (such as tea, coffee, colas and some over-the-counter medications).

Check for Sleep Apnea

Because sleep apnea can cause atrial fibrillation, it is a good idea for you to be tested for this type of sleep disorder. Be sure to talk to your doctor about signs and symptoms of sleep apnea.

Check Over-the-Counter Medications and Supplements

Beware of stimulants used in cough and cold medications, as some of these medications contain ingredients that may increase the risk of irregular heart rhythms. Read medication labels and ask your doctor or pharmacist what type of cold medication is best for you.
You should also discuss the use of any herbs, supplements or vitamins with your doctor before taking any.

**Maintain a Healthy Diet**

Healthy food habits can help you reduce three risk factors for stroke — poor cholesterol levels, high blood pressure and excess weight. Diets high in saturated fat, trans fat and cholesterol can raise blood cholesterol levels. Diets high in salt can contribute to increased blood pressure. High-calorie diets can contribute to obesity.

The American Heart Association/American Stroke Association offers these recommendations for a healthy diet:

- Eat a diet rich in vegetables and fruits.
- Choose whole-grain, high-fiber foods.
- Eat fish at least twice a week.
- Limit cholesterol, saturated fat and trans fat. Avoiding partially hydrogenated oils will reduce trans fats.
- Choose lean meats and poultry, and prepare them without using saturated or trans fats.
- Use fat-free, 1% or low-fat dairy products.
- Avoid drinks and foods with added sugars.
- Choose and prepare foods with spices and salt-free seasoning mixes, and avoid salt (sodium).
- Prepare healthy recipes at home.
- Learn to read food labels. Call your grocery store and ask to meet with a registered dietitian. This nutrition expert will meet you at the store to help you find heart healthy products. Most stores offer this service at no charge.

**Limit Intake of Sodium**

A low-sodium diet may help in managing high blood pressure. Sodium is a mineral found naturally in many foods. The most significant source of sodium in the diet is table salt, which is 40 percent sodium. Processed, convenience, take-out and preserved foods also contain a large amount of sodium.

**Tips to Help Limit Sodium Intake at Restaurants**

Here are some tips to help you limit or avoid sodium when you are dining out:

- Order food that is fresh, broiled, baked, or grilled.
- Ask for mixed green salads or fruit as side dishes.
- Use olive oil and vinegar or low-fat vinaigrette dressings.
- Avoid fried, cured, smoked, processed, or convenience foods.
- Ask for dressings and sauces on the side.
- Ask your server if it is possible to omit butter and salt-based seasonings from your dish.
- Try to avoid eating fast food.
- Bring your own low-sodium, heart-healthy foods like fresh fruits, vegetables or yogurt when traveling.
Cooking Tips

There are many tasty and easily prepared recipes for meals that fit with a low-saturated fat, low-trans fat, low-cholesterol diet. This type of diet is necessary to help you manage your blood cholesterol level and reduce your risk of heart disease and stroke.

The following cooking tips listed below will help you, and your family, prepare tasty, heart-healthy meals.

- Reduce saturated fat in meat and poultry by choosing skinless, boneless lean cuts.
- Choose an omega-3-rich fish, like salmon or tuna, at least twice a week.
- Reduce the meat in your meal by filling at least half of your plate with fruits and vegetables; fill one-fourth of your plate with a fiber-rich whole grain.
- Cook fresh vegetables with healthy oils like olive and canola, or a low-fat margarine.
- Add herbs and spices to make vegetables even tastier.
- Use liquid vegetable oils, such as canola, safflower, sunflower, soybean, and olive, in place of solid fats such as butter, lard or shortening.
- Use egg whites instead of whole eggs.
- Use pureed fruits and vegetables (like applesauce) for baking — for many recipes, you just use the specified amount of puree instead of oil.
- Use lower dairy fats such as low-fat (1%) or fat-free (skim) milk and cheeses.
- Remove the top layer of fat from sauces and gravies, or use a fat separator to leave fat behind.
- Increase fiber and whole grains.
- Reduce sodium. Be aware of all your sources of sodium and aim to eat less than 1,500 mg of sodium per day.

Activities and Exercise

If your irregular heart rhythm occurs more often with certain activities, tell your doctor. Sometimes, your medications may need to be adjusted.

Physical activity improves heart function and lipid profile by lowering total cholesterol while raising HDL (good cholesterol). It lowers blood pressure and resting heart rate. Being active reduces the risk and severity of diabetes by increasing insulin sensitivity;

Whether you engaged in physical activity before your AF or not, begin any new physical activity regimen slowly. Be sure to follow the recommendations of your doctor when you participate in aerobic physical activity.
Albany Memorial Hospital  
600 Northern Blvd.  
Albany, NY 12204

St. Mary's Hospital  
1300 Massachusetts Ave.  
Troy, NY 12180

St. Peter's Hospital  
315 South Manning Blvd.  
Albany, NY 12208

Samaritan Hospital  
2215 Burdett Ave.  
Troy, NY 12180

Sunnyview Rehabilitation Hospital  
1270 Belmont Ave.  
Schenectady, NY 12308

Eddy Visiting Nurse Association  
433 River St.  
Troy, NY 12180

www.sphp.com

ST PETER’S HEALTH PARTNERS  
Cardiac & Vascular

4/2014