

FAQ About **AFib**

THE CONDITION

What is atrial fibrillation and why is it a problem?

Atrial fibrillation, or AFib, is an irregular heartbeat in which the atria doesn't contract in a strong, rhythmic way. When a heart is in AFib, it may not pump enough oxygen-rich blood out to the body.

Common symptoms of AFib



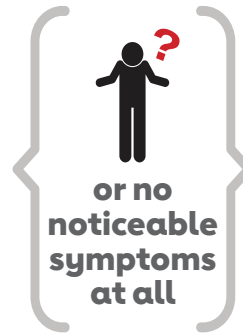
Racing heart, fluttering or palpitations



Shortness of breath



Lightheadedness



or no noticeable symptoms at all



People with no symptoms may be diagnosed by an exam and an EKG.

WHY

is AFib associated with up to

5x

— GREATER —

RISK FOR STROKE?

When the heart is in AFib, blood can become static and may be left pooling inside the upper chamber (left atrium or in the left atrial appendage).

- When blood pools, a clot can form.
- When a clot is pumped out of the heart, it can travel to the brain, block an artery in the brain and cause a stroke.

- Blocked arteries prevent the tissue "downstream" from getting oxygen-rich blood, and without oxygen the tissue dies.

THE RISKS

What are the greatest risks of having AFib?

The greatest risk of AFib is stroke. You're up to five times more likely to have a stroke than someone who doesn't have atrial fibrillation. You also have a risk of eventual heart failure due to the weakening of the heart muscle.

Stroke Warning Signs

Other signs of stroke include:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion or trouble speaking/ understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness or loss of balance or coordination
- Sudden, severe headache with no known cause

F.A.S.T.

Face Drooping

Arm Weakness

Speech Difficulty

Time to Call 911

HOW DID I GET AFIB?



Many people don't know how they developed AFib, but it's most often caused by a combination of factors.



What treatments should I expect?

In certain cases, medical intervention may restore the heart's normal rate and rhythm, and many AFib patients need medication to lower stroke risks. AFib interventions may include **cardioversion, blood thinners and medications for rate and/or rhythm control. Catheter ablation or surgery** may be necessary if other treatments fail to reduce risks and symptoms. Tell your doctor if you're having symptoms and follow your doctor's advice until otherwise directed.

Possible risk factors for AFib are:

HEART-HEALTH FACTORS



High blood pressure



Prior heart attack or heart disease



Diabetes



Sleep apnea



Prior heart surgery

BEHAVIORS THAT MAY BE ASSOCIATED



Excessive alcohol



Smoking



Prolonged athletic conditioning*

**Appropriate physical activity is important for a healthy lifestyle. Discuss your physical activity/exercise plan with your health care professional.*



no noticeable symptoms

If I have no AFib symptoms, am I still at risk for stroke?

Yes! Don't stop taking medication because you're not experiencing noticeable symptoms.

Many people with AFib take anticoagulant medications to lower stroke risks.



When do I see my doctor?

As soon as you notice the symptoms of AFib, contact your doctor. Even if your symptoms go away, it's still important to have a physical

exam and monitor your heart's activity.

Symptoms may include:

- Racing, fluttering, pounding or irregular heartbeat



Racing heart, fluttering or palpitations



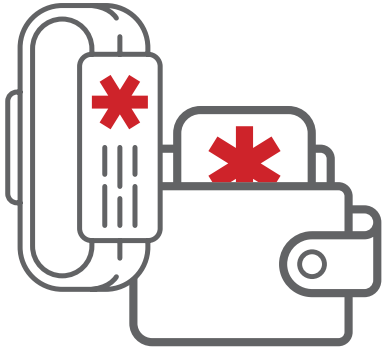
Shortness of breath



Lightheadedness

- Fatigue, dizziness or lightheadedness
- Shortness of breath or fainting
- Anxiety

LIVING WITH AFIB



Does having AFib mean I need to wear a medical alert bracelet or carry a card in my wallet?

In any emergency, having a patient’s medical history is helpful. Be sure to write down the medication and dose. **If you’re taking oral**

anticoagulant medications (blood thinners), **consider wearing a medical alert bracelet or carry a wallet**

card to be sure health care professionals know how to best care for you if an emergency occurs.

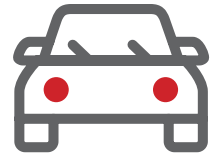


Can I tell when I’m going to have an episode of AFib?

Some people can feel when they’re in AFib and some don’t know. Either way, you may be able to control “triggers.” In some people, different things cause their AFib to flare up.

Common triggers may include: caffeine, stress or

anxiety, poor sleep and/or sleep apnea, excessive alcohol and exercise that increases the heart rate above a certain point. It’s important to note that exercise is beneficial for many people with AFib.



Can I drive my car?

Most can but check with your doctor. Some people experience dizziness or fainting with their AFib episodes. If you feel dizzy or lightheaded, pull over to the side of the road and stop.

Discuss with your health care professional how to know if and when your AFib symptoms need to be checked by a health care professional.

COMMON “TRIGGERS”



Caffeine and energy drinks*



Excessive alcohol



Stress or anxiety



Poor sleep and/or sleep apnea

**Although normal amounts of coffee shouldn’t trigger AFib, further study may be warranted for energy drinks and excessive caffeine intake.*



Am I able to have sex or exercise?

Yes, as long as you’re cleared by your doctor, you can perform normal activities of daily living that you can tolerate.



AFIB MEDICATIONS

What medications will I be on and how do they work?

Medications should be prescribed for people with stroke risk factors to help prevent blood clots that can cause a stroke. Rate or rhythm control medications may also be prescribed. You

may also be on medications for other underlying conditions. Your doctor will need to know what you're currently taking so your new medications will not interfere.



Some AFib medications your doctor might prescribe for you are:



and/or



RATE CONTROL

This type of medication helps lower the heart rate and some regulate the pace of electrical currents sent from the atria to the ventricle.

RHYTHM CONTROL

This type of medication helps keep the heartbeat patterns or rhythms normal.

ANTICOAGULANTS OR BLOOD THINNERS

These medications reduce the risk for blood clots forming that can lead to stroke or treat an existing blood clot.

TAKE AS PRESCRIBED!

Medications are prescribed for a reason. Always take them as written and talk with your doctor before making changes.

Anticoagulants lower risks for stroke for people who have AFib. Know the facts.



1 Many people with AFib benefit from **stroke protection.**

If you have AFib and risk factors for stroke, talk with your doctor about how to **lower your risks.**



2 Find out your **stroke risk score.**

Tools can help AFib patients better understand their risk scores. Discuss your score with your doctor.



3 Follow your plan.

If risk-lowering medication is prescribed for you, **keep taking it** unless you and your doctor decide together to change it.



Speak up!

It's critical that you and your doctor talk about your level of risk to decide the best treatment.

WHAT SHOULD I EXPECT LONG-TERM?

Is AFib curable or is it a permanent condition?



We don't usually say that AFib is curable, but some causes such as sleep apnea can be treated to lessen the amount of your AFib. **Medications and procedures that control the heart rate and rhythm can also help lower stroke risk.** AFib, regardless of the duration, needs to be monitored by a doctor.

The classifications of AFib are: **paroxysmal, persistent, longstanding persistent and permanent.** The treatment plans and outcomes may depend on several factors, including the type of AFib. **People who have AFib need regular checkups to monitor the condition and keep risks low.**



Where can I learn more about AFib?

Check with your doctor first if you have questions. Choose reliable websites such as heart.org/AFib or MyAFibExperience.org to research your questions. Several different treatments can manage atrial fibrillation. Your doctor will know which one best fits with your type of AFib and your underlying conditions.

LIFESPAN AND AFIB



Can I die from an episode of AFib?

Generally, no. AFib, by itself, is usually not deadly, but a stroke caused by AFib can be. **People who have AFib are at increased risk for stroke and other heart-related complications such as heart failure.** The most important thing you can do is work with your doctor or other health care professionals to make sure you're doing all you can to prevent complications that could occur as a result of AFib.

Can I live a long life with AFib?

People can live long, healthy and active lives with AFib. **Controlling your risk factors** for heart disease and stroke and **knowing what can possibly trigger your AFib** will help improve your long-term management of AFib. **Your doctor can help you manage it for life.**



Visit heart.org/AFib

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