Living with *Atrial Fibrillation*

A DISCUSSION GUIDE FOR PATIENTS AND CAREGIVERS

WHAT IS AFIB?

Atrial Fibrillation (also known as AFib or AF) is the most common abnormal heart rhythm, caused by a disruption of the heart's normal electrical system.

In a normal heart, the upper chambers (the atria) contract and empty blood into the lower chambers (the ventricles). The ventricles then contract (beat), with the right ventricle sending blood to the lungs and the left ventricle sending blood to the rest of the body. In AFib, the atria contract in a rapid, chaotic, irregular way, becoming ineffective in passing the blood to the ventricles. This causes blood to pool in the atria, often causing blood clots to form. In addition, the ventricles also may start beating irregularly and faster than normal.

If left untreated, AFib can lead to **stroke**, **heart failure** and **other complications** – but with the right care and support, you can manage these risks.

TYPES OF AFIB

- **First-diagnosed AFib:** AFib that has been diagnosed for the first time, regardless of symptoms or duration.
- **Paroxysmal AFib:** Episodes that come and go, stopping on their own or with treatment within seven days.
- **Persistent AFib:** Episodes that last longer than seven days and usually need treatment to stop.
- **Permanent AFib:** AFib that is ongoing, where restoring a normal rhythm is no longer the goal of treatment. Rather, treatment focuses on preventing blood clots and slowing fast heart rates.

OVER
11 million people
IN EUROPE LIVE WITH AFIB

AFIB INCREASES THE LIKELIHOOD OF
stroke and heart failure by up to five times –
WHICH IS WHY EARLY DIAGNOSIS AND PROPER MANAGEMENT ARE SO IMPORTANT

ALTHOUGH AFIB CAN OCCUR AT ANY AGE, IT BECOMES MORE COMMON AS PEOPLE GET OLDER

BECAUSE WOMEN TEND TO LIVE LONGER THAN MEN,
more women are affected by AFib overall

5 to 9% of people over 65
ARE LIVING WITH AFIB – AND THE NUMBER DOUBLES AFTER AGE 80

THE NUMBER OF PEOPLE LIVING WITH AFIB IS
expected to double in the coming decades

SYMPTOMS

Some people with AFib may not experience any symptoms (silent AFib). When they do occur, they may include:

HEART PALPITATIONS OR ARRHYTHMIAS – your heart may feel like it's pounding, racing or fluttering

SHORTNESS OF BREATH

FATIGUE AND WEAKNESS

CHEST PAIN

ANXIETY AND MOOD CHANGES

FAINTING (SYNCOPE)

SLEEP PROBLEMS

DIZZINESS OR LIGHT-HEADEDNESS

REDUCED ABILITY TO EXERCISE

IF YOU HAVE AFIB, IT IS IMPORTANT TO RECOGNISE THAT SOME SIGNS MAY BE SIMILAR TO THOSE OF A HEART ATTACK, STROKE, OR CARDIAC ARREST

Women may experience AFib differently from men

WHILE HEART PALPITATIONS ARE THE MOST COMMON SYMPTOMS IN BOTH, WOMEN MORE OFTEN REPORT FATIGUE, WEAKNESS AND A GREATER IMPACT ON QUALITY OF LIFE

If you are experiencing sudden weakness, difficulty speaking, chest pain or collapse, call your local emergency number immediately.

WHAT CAUSES AFIB?

AFib can be caused by changes or damage to the heart's electrical system or structural problems in the heart.
Common risk factors include:

CORONARY ARTERY DISEASE (CAD)

HEART FAILURE

OBESITY

HIGH BLOOD PRESSURE (hypertension)

SLEEP APNOEA

DIABETES

HYPERTHYROIDISM

FAMILY HISTORY OF AFIB

CHRONIC KIDNEY DISEASE

HEART VALVE DISEASE

OLDER AGE

SMOKING

ALCOHOL USE

ILLICIT DRUGS SUCH AS COCAINE

CAUCASIAN ANCESTRY

Knowing your risk factors can help you and your healthcare team take steps to manage them.

DIAGNOSING AFIB

Getting the right diagnosis is an important first step. If AFib is suspected, your healthcare professional will carry out a **full assessment** (including listening to your heart and measuring your blood pressure) and review your **medical history and symptoms**.

AFib is confirmed using an electrocardiogram (ECG), which records your heart's rhythm. Because AFib can come and go, additional monitoring may be needed.

Tests used to detect AFib:

- **ELECTROCARDIOGRAM (ECG or EKG)** – shows your heart's rate and rhythm.
- **HOLTER AND EVENT MONITORS** – portable devices that you wear, typically for 24-48 hours, to record your heart's EKG as you go about your day.
- **IMPLANTABLE LOOP RECORDER (ILR)** – a small device placed under the skin that continuously records your heart rhythm for months to years, helping detect irregular heartbeats or rare episodes of AFib during daily activities.

Additional tests used to assess your heart and overall health:

- **BLOOD TESTS** – to check for health conditions or substances in your blood that may affect the heart or heartbeat.
- **ECHOCARDIOGRAM (ECHO)** – uses sound waves to generate a dynamic picture of your heart, revealing its structure, function, size and shape. A "stress echo" involves performing the echo during a stress test.
- **EXERCISE STRESS TEST** – involves walking on a treadmill (usually) to assess how physical exertion affects your heart.
- **TRANSOESOPHAGEAL ECHOCARDIOGRAPHY (TEE)** – involves providing a detailed heart scan taken from inside the body, by placing a small probe in your oesophagus to get clearer images of the heart.
- **CARDIAC MAGNETIC RESONANCE (CMR)** – uses a magnetic field and radio waves to create detailed images of your heart's structure and function.
- **CHEST X-RAY** – shows whether your heart is enlarged and/or whether fluid is building up in your lungs.
- **BRAIN OR BLOOD VESSEL IMAGING** – may help identify related conditions or complications (for example, after a stroke).

TREATING AND MANAGING AFIB

Treatment will depend on your individual situation and how AFib affects you. Your care plan may include:

MEDICATIONS: Certain medications can help prevent or treat irregular heart rhythms or rates, reduce the risk of blood clots (blood thinners), or lower blood pressure.

HEALTHY LIFESTYLE: Adopting healthy habits like **eating nutritious foods**, maintaining a **healthy weight**, engaging in regular physical activity, controlling blood pressure and **blood sugar levels**, **not smoking**, limiting or avoiding alcohol, and **reducing stress** can improve your overall well-being and longevity.

CARDIOVERSION: Sensors are placed on your chest and connected to a machine that delivers brief electrical shocks to the heart (**electrical cardioversion**) to help restore a normal rhythm. Sometimes IV (intravenous) medication is given rather than electrical shocks (**pharmacological cardioversion**).

IMPLANTABLE DEVICES: Some people may benefit from implantable devices to help manage their heart rhythm or monitor their heart over time. For example, a pacemaker can help control a slow or irregular heart rate, particularly when other treatments are not effective or suitable. An ICD (implantable cardioverter-defibrillator) can detect certain dangerous abnormal heart rhythms and deliver a shock to restore a normal rhythm. Other devices, such as implantable loop recorders, may be used to continuously monitor heart rhythm and detect irregular or infrequent episodes of AFib.

MEDICAL PROCEDURES OR SURGERY: To help control heart rhythm and reduce symptoms. **Catheter ablation** is a procedure that targets and isolates the areas of the heart causing abnormal electrical signals. In some patients, **left atrial appendage occlusion** may be considered to help reduce stroke risk, particularly when blood thinners are not suitable. Another option is the **maze procedure**, a type of surgery in which small areas of scar tissue are created in the upper chambers of the heart (atria). This scar tissue helps block abnormal electrical signals that can cause AFib.

Managing AFib is a long-term journey – working closely with your healthcare team makes a real difference.

QUESTIONS TO ASK YOUR DOCTOR

- What is causing my AFib?
- What tests do I need?
- Will my AFib go away on its own?
- How can I reduce my risk of heart failure, blood clots and stroke?
- What treatment options are available to me? What are the risks and benefits of each?
- Do I need a medical procedure or surgery? If so, what are the chances it will help?
- What medications are available and what are their risks and benefits?
- What changes do I need to make to my diet, physical activity and lifestyle?
- Can I drink alcohol in small amounts?
- What symptoms should I be vigilant for that would indicate the need to contact my doctor or seek emergency assistance?
- Where can I access trustworthy resources and information on AFib?
- How can I connect with other individuals living with AFib for support and shared experiences?

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