

Other information

There is a wide range of other information about living with AF and the different treatment options available. Leading a healthy lifestyle can also reduce your risk of stroke and heart attacks. Please ask at your doctor's surgery or pharmacy for further advice. The following charities also provide helpful information:

Atrial Fibrillation Association
Tel: 01789 451 837
Website: www.afa.org.uk
Email: info@afa.org.uk

Anticoagulation UK
Tel: 020 8289 6875
Website: www.anticoagulationuk.org
Email: info@anticoagulationuk.org

Arrhythmia Alliance
Tel: 01789 450 787
Website: www.heartrhythmcharity.org.uk
Email: info@heartrhythmcharity.org.uk

Stroke Association
Helpline: 0303 3033 100
Website: www.stroke.org.uk

British Heart Foundation
Tel: 0300 330 3322
Website: www.bhf.org.uk

The British Cardiac Patients Association
Tel: 01223 846 845
Website: www.bcpa.uk
Email: admin@BCPA.eu

AFIB MATTERS
Website: www.afibmatters.org

Atrial Fibrillation (AF) Patient Information booklet



Derby and Derbyshire
Clinical Commissioning Group

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For most patients slowing the heart rate is the preferred method and this can be done with drugs such as beta-blockers (e.g. Atenolol, propranolol), diltiazem and digoxin. Sometimes a combination of these drugs may be required to slow your heart down to the appropriate rate.

In some cases (e.g. If you also have heart failure) it may be suitable to try and restore your heart to its normal rhythm, and drugs that are used for this include flecainide, propafenone, amiodarone and dronedarone.

All drugs can have side effects. Always read the leaflet that you are given with your medication and ask your pharmacist if you require further information.

Non-Drug Treatments

There are several medical procedures that can also restore your heart rhythm. These include:

Cardioversion - an electric current is delivered via special pads applied to the chest to try and 'shock' the heart back into rhythm.

Catheter ablation - Specific areas of the heart are cauterised eliminating the electrical signals that are causing the AF.

Heart Surgery - may be required if there are structural problems such as an abnormal heart valve.

All medical procedures carry a risk so your doctor and specialist will carefully consider the risks and benefits before recommending these.

Treatment for AF

Drugs to help prevent stroke

Most people with AF (unless the risk of stroke is very low) are recommended to take an anticoagulant. These work by altering the time it takes your blood to clot, and the way in which it clots. These treatments can prevent about 6 in 10 strokes that would have occurred in people with AF.

There are several different anticoagulants and each one has different risks and benefits. In choosing a drug your doctor will have considered your risk of having a stroke, your bleeding risk, any other medical conditions you have and any other medications you are taking.

Taking all these things into consideration you may be prescribed warfarin or one of the non-vitamin K antagonist oral anticoagulants (NOACs). The four NOACs currently available are apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Lixiana) and rivaroxaban (Xarelto).

You will be given a separate information booklet about your anticoagulant. Please read this carefully. You will also be given an 'alert card' and you should carry this with you at all times. This identifies that you take anticoagulant medication, which may be important in an emergency and to inform healthcare professionals before you receive other treatment.

Drugs for rate and rhythm control

As well as anticoagulants, most people with AF will require medicines to either slow the heart rate down and/or restore the heart rhythm to normal.



What is Atrial Fibrillation (AF)?

If you have AF your heart beats irregularly and usually too fast. It happens when electrical impulses that control your heartbeat become disorganized. This means your heart is not working as well as it should be and, left untreated, this can lead to serious complications such as heart failure and stroke

More than 1 million people are living with AF, and it is more common as we get older.

What are the causes and symptoms of AF?

Men and women are equally susceptible to developing AF.

The cause is not fully understood but risk increases as you get older and it is more common in people with other heart conditions (e.g. high blood pressure, heart disease, after a heart attack or heart surgery). Other conditions linked with AF include; pneumonia, lung cancer, pulmonary embolism, overactive thyroid, carbon monoxide poisoning, alcohol or drug abuse.

While the factors above increase the risk of AF, many people develop the condition for no explainable reason.

Some people with AF do not experience any symptoms. However, for those that do, the most common symptoms are:

- Palpitations (or awareness of the heartbeat which may be beating very fast)
- Tiredness
- Shortness of breath
- Chest pain
- Dizziness

What are the risks of atrial fibrillation?

In general, AF is not considered a life-threatening condition as long as it is treated appropriately. However, you are at an increased risk of some medical conditions.

Stroke

As the blood is not being properly pumped away from the heart, it may collect, or pool, and a clot could develop in the heart. If the clot leaves the heart and enters the small blood vessels of the brain, the flow of blood may block and result in a stroke.

People with AF are more likely to have a stroke compared with people who do not have AF. Strokes suffered by people with AF are also more severe and more likely to be fatal.

Your doctor will have assessed your risk of stroke.

Symptoms of a stroke include:

- **Numbness, weakness or paralysis on one side of your body**
- **Slurred speech or difficulty finding words**
- **Sudden blurred vision or loss of sight**
- **Confusion or unsteadiness**
- **A sudden, severe headache**

If you experience any of these symptoms, you must seek medical attention immediately—call 999

Heart Failure

Having an uncontrolled heart rate for a long period of time (weeks or months) can damage the heart and may lead to heart failure. This means that the heart becomes weak and this can lead to breathlessness and extreme tiredness.

Tests and Investigations

It is important to confirm that you do have AF and this is done by recording your heart using an electrocardiogram (ECG). This may be done at the GP practice or by the hospital, depending on exactly what is required.

You will also need to have some blood tests done to check your kidneys, liver and thyroid function, and also to check that your blood is clotting properly.



These tests are very straight-forward and will help your doctor to offer you the right treatment.

Occasionally, other tests may be required such as an echocardiogram (an image of the heart created using sound waves). Your doctor will explain these to you if they are necessary.