HCPD HORIZONS CARDIOPULMONARY DIAGNOSTICS

Atrial Fibrillation

An irregular heart rhythm — what it means and how it’s treated

Atrial fibrillation (often called “AFib” or “AF”) is the most common abnormal heart rhythm. The upper chambers of the heart beat in a fast, disorganized way, so the pulse becomes irregular and is sometimes fast.

— What is happening

Normally the heart beats in a steady, coordinated rhythm. In atrial fibrillation the top chambers (the atria) quiver instead of beating cleanly. AF may come and go on its own, last until it is treated, or become the heart’s usual rhythm. The two things your cardiologist focuses on are **how you feel** and **lowering your risk of stroke**.

— Common symptoms

- Palpitations — a racing, fluttering, or irregular heartbeat
- Shortness of breath or reduced stamina
- Tiredness, lightheadedness, or chest discomfort
- Some people feel nothing at all, and AF is found by chance

— What raises the risk

- Older age and high blood pressure
- Heart disease, valve problems, or heart failure
- Overactive thyroid, sleep apnea, or obesity
- Heavy alcohol use, diabetes, and family history

— How it is diagnosed

An **ECG** records the rhythm and confirms AF if it is present during the tracing. Because episodes can come and go, a **Holter** or longer wearable monitor is often used to catch them. An **echocardiogram** checks the heart’s structure, and blood tests look for contributors such as thyroid problems.

— Treatment — three goals

1 · Prevent stroke

- AF lets blood pool and form clots that can travel to the brain, so stroke prevention is the priority
- Your stroke risk is estimated from your age and health conditions
- Many people benefit from a blood thinner (anticoagulant) — a modern “DOAC” tablet or warfarin
- Take it exactly as prescribed and never stop without advice — stopping suddenly raises stroke risk. Note: plain aspirin is usually not enough to prevent AF-related stroke

2 · Control the heartbeat

- Rate control: medicines (such as beta-blockers) slow a fast heart rate so you feel better
- Rhythm control: medicines, a planned electrical “cardioversion,” or a catheter ablation can restore or maintain a normal rhythm

3 · Treat the drivers

- Managing blood pressure, weight, alcohol, sleep apnea, and diabetes can reduce AF and help treatments work

Call 911 immediately for signs of stroke

- Face drooping, arm or leg weakness, or slurred or confused speech — even briefly
- Sudden severe chest pain, severe breathlessness, or fainting

Questions you might ask your cardiologist

- What is my stroke risk, and do I need a blood thinner?
- Are we aiming to control my rate, my rhythm, or both?
- What bleeding precautions should I know about on a blood thinner?

In an emergency — for severe chest pain, severe shortness of breath, fainting, or signs of a stroke (face drooping, arm weakness, slurred speech) — call **911** right away.

This handout gives general information and does **not** replace advice from your own physician. Your care is tailored to you; always follow the specific instructions you are given. General information adapted from public patient-education resources such as Heart & Stroke, the American Heart Association, and Cleveland Clinic.

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