LIVING WITH ATRIAL FIBRILLATION

Patient Guide

University of North Carolina
Department of Cardiology and Electrophysiology
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Chapter 1:

LIVING WITH ATRIAL FIBRILLATION (AFIB): INTRODUCTION
Atrial fibrillation (Afib) is the most common heart rhythm disorder in the world. It causes symptoms that lead to lower quality of life and can lead to other problems like stroke or heart failure (weak heart muscle). Afib has many causes and risk factors, and Afib treatment is different from person to person.

Afib management is complex and requires a team approach by healthcare providers. It is also important for patients to know how to self-manage Afib and how to prevent Afib from worsening. This *Living with Atrial Fibrillation* booklet will provide a comprehensive overview of Afib and teach patients how to live well with Afib. Ultimately, the goal is to improve quality of life and outcomes for Afib patients.

**Optimal Afib care should include:**

- Patient education regarding Afib, medications, how to self-manage Afib as a chronic disease, and how to prevent progression of Afib.

- Comprehensive care of Afib with treatment of risk factors.

- Management of illnesses that may worsen Afib or lead to heart problems (e.g. high blood pressure, sleep apnea).

- Organized care collaboration between primary care doctors and specialists.

- Appropriate referrals to other specialty doctors as needed.
Chapter 2:
OVERVIEW OF ATRIAL FIBRILLATION
Living with Atrial Fibrillation

Overview of Atrial Fibrillation (Afib)

What is Afib?

Afib is the most common heart rhythm disorder in the world.

Afib is found in about 2.7 million people in the United States.

How the heart works: The heart has an electrical system. These electrical signals tell the heart when to squeeze and when to relax. In a normal heart rhythm, the four chambers of the heart beat in a normal, steady pattern. This is called “Sinus Rhythm”.

In Afib, the atria (top chambers of the heart) fibrillate (quiver or twitch quickly). This causes the ventricles (bottom chambers) to beat irregularly. This may cause symptoms such as skipping, pounding, or racing heartbeat.

- Since the top chambers of the heart do not fully squeeze, blood can pool and allow clots to form. If a clot travels to the brain, it can cause a stroke.

What Afib is NOT:

- Afib is NOT a deadly rhythm.
- Afib is NOT a heart attack.
- Afib is NOT a problem of the heart’s arteries.
- Afib is NOT heart failure (weak heart).
- Afib is NOT a problem of the heart muscle.

Think of Afib as an electrical problem, not a plumbing problem!
WHO GETS AFIB?

Anyone can get Afib. Even people who live healthy lifestyles and have no other medical problems can have Afib.

Risk Factors: Afib is more common in older adults. Certain medical problems can increase the risk of having Afib, such as:

- Age over 60
- High blood pressure
- Heart disease (heart failure, heart attack, blockages, heart surgery, heart valve problems)
- Lung disease
- Thyroid problems
- Obesity
- Diabetes
- Sleep apnea
- Heavy alcohol use
- Heavy caffeine or stimulant use

TYPES OF AFIB- WHAT TYPE DO YOU HAVE?

- **Paroxysmal Afib:** Afib that comes and goes. Episodes can last for seconds, minutes, hours, or days before the heart goes back to normal rhythm on its own.

- **Persistent Afib:** Afib that does not stop on its own. Treatment is needed to help the heart return to normal rhythm.

- **Permanent Afib:** The heart won’t return to a normal rhythm, or the decision is made to leave the heart in Afib.
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What Are Symptoms of Afib?

Afib causes a wide range of symptoms. Some people have no symptoms from Afib, while others feel very badly.

Common symptoms of Afib are:

- Lack of energy or fatigue
- Weakness
- Shortness of breath
- Heart palpitations (heart racing, thumping, pounding, or fluttering)
- Irregular pulse (may be fast or slow)
- Decreased activity level (trouble getting daily activities done)
- Chest pain, pressure, or tightness
- Dizziness, lightheadedness, or fainting
- Anxious
- Weight gain, loss of appetite
- None - you cannot tell when you are in Afib.

What Are the Dangers of Afib?

- **Risk of death**: Afib is not a deadly rhythm. People with Afib may have other medical conditions that can lead to a shorter life span, but it is rare to die from Afib itself.

- **Heart failure** (weakening of the heart muscle): Very fast heart rates over time can cause the heart muscle to weaken.

- **Worsened quality of life**: Symptoms of Afib (fatigue, low energy, shortness of breath) may lead to a lower quality of life.

- **Stroke**: Blood clots from the heart can travel to the brain and cause stroke.
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**DIAGNOSIS OF AFIB**
Afib is diagnosed by an electrocardiogram (EKG) which records the rhythm of your heart, or with a heart monitor which is worn for many days. Afib cannot be diagnosed just by symptoms of “heart pounding” or “irregular heartbeat,” because many other abnormal heart rhythms can cause those same symptoms.

**Other tests your provider may order:**

**Heart monitors:** Heart monitors are commonly used to diagnose Afib and to collect more information. Heart monitors record your heart rhythm day and night and gives your doctor information about how much Afib you have over time. Heart monitors can also give information on heart rate, how long episodes last, and times of day Afib is occurring. The monitor can help determine the cause of symptoms.

There are several types of heart monitors available. Your provider will order the type that best fits your condition.

While wearing the monitor, be sure to do normal activities. Keep a diary of your symptoms so you and your provider can compare it with the monitor results. If you have symptoms while wearing the monitor, be sure to push the button/trigger on the monitor during an episode in order to “mark” the episode.

**Echocardiogram:** This is an ultrasound of the heart, which gives information on heart strength, valves, chamber sizes, and overall heart function.
**Living with Atrial Fibrillation**

**Stress Test:** A stress test is typically used to screen for coronary artery disease (blockages in the arteries of the heart), which can cause symptoms of chest pain or shortness of breath. Sometimes Afib patients have a stress test before starting certain rhythm-controlling medications.

**AFIB TREATMENT**

**Goals of Afib treatment are to:**

1. Prevent stroke and other problems.
2. Keep the heart rate from going too fast.
3. Keep the heart in normal rhythm (if Afib causes symptoms).
4. Keep risk factors for Afib under control.

**Goal #1: Prevent Stroke**

Afib causes a 5-fold increase in risk of stroke. Stroke can be prevented with blood-thinner medications. To determine who should take a blood thinner, the CHA<sub>2</sub>DS<sub>2</sub>VASC scoring system is used. Typically, blood thinners are recommended in men with a score of 2 or higher, and in women with a score of 3 or higher.

**CHA<sub>2</sub>DS<sub>2</sub> VASC score:** *Add the points to determine your CHA<sub>2</sub>DS<sub>2</sub> VASC score.*

For example, if you are female (1 pt), age 78 (2 pts), with hypertension (1 pt), your score is 4.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive heart failure</td>
<td>1</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1</td>
</tr>
<tr>
<td>Age &gt; 75 years</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
</tr>
<tr>
<td>Stroke/TIA history</td>
<td>2</td>
</tr>
<tr>
<td>Vascular disease (Coronary artery disease, peripheral vascular disease, aortic plaque)</td>
<td>1</td>
</tr>
<tr>
<td>Age 65-74 years</td>
<td>1</td>
</tr>
<tr>
<td>Sex (female)</td>
<td>1</td>
</tr>
</tbody>
</table>
Recommendation for blood thinner based on AHA/ACC/HRS 2019 Guidelines:

<table>
<thead>
<tr>
<th>Risk Profile</th>
<th>Recommendation for blood thinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHA₂DS₂-VASc=0 men</td>
<td>No blood thinner recommended</td>
</tr>
<tr>
<td>CHA₂DS₂-VASc=1 (women/females with no other risk factors)</td>
<td></td>
</tr>
<tr>
<td>CHA₂DS₂-VASc=1 men</td>
<td>&quot;Reasonable&quot; to take a blood-thinner</td>
</tr>
<tr>
<td>CHA₂DS₂-VASc=2 women</td>
<td></td>
</tr>
<tr>
<td>CHA₂DS₂-VASc ≥2 men</td>
<td>&quot;Recommend&quot; a blood-thinner</td>
</tr>
<tr>
<td>CHA₂DS₂-VASc ≥3 women</td>
<td></td>
</tr>
</tbody>
</table>

Types of blood thinners:

- apixaban (Eliquis)
- dabigatran (Pradaxa)
- edoxaban (Savaysa)
- rivaroxaban (Xarelto)
- warfarin (Coumadin)

**IMPORTANT POINTS IF YOU ARE TAKING BLOOD THINNERS**

- Avoid activities that can lead to injury or major bleeding (e.g. rock climbing, working on the roof of your house).
- Monitor for signs of bleeding: blood in urine or stool, nose bleeds, gums, vomiting with blood, sudden severe headache (may be an emergency). **If you have any signs of abnormal bleeding or bruising, notify your doctor right away.**
- Many medications interact with blood thinners and can increase the risk of bleeding or cause the blood thinner to not work well. All new medications should be checked for interactions.
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- Avoid NSAIDS (non-steroidal anti-inflammatory drugs) because they can increase the risk of bleeding for people who take blood thinners. NSAIDS should also be avoided if you have heart failure.
  - Common NSAIDS are ibuprofen (Advil, Motrin), naproxen (Aleve) or celecoxib (Celebrex).
- Patients taking warfarin should have blood (PT/INR) checked regularly. The PT/INR level will show if your blood is too “thick” or too “thin”, and your provider can adjust warfarin dose as needed.

There are procedures/surgeries available to reduce the risk of stroke for people unable to take a blood thinner for medical reasons. The procedure involves blocking the left atrial appendage, which is pocket-like area in the heart where blood clots form.

Talk to your provider to see if you need to take a blood thinner or to discuss options.

Know the symptoms of stroke!
Goal #2: Heart Rate Control

Heart rates in Afib may be faster than normal. Fast heart rates can cause symptoms of shortness of breath or chest discomfort. Over time, fast heart rates can lead to heart failure (weakening of the heart muscle).

You may be given a medicine to slow down your heart rate. In most people, the medicine is taken daily, but in some people, it can be taken “as needed” at the onset of an Afib episode. Be sure to follow the directions for your prescription.

**COMMON MEDICATIONS FOR HEART RATE CONTROL IN AFIB**

<table>
<thead>
<tr>
<th>Beta Blockers</th>
<th>Usual Oral Maintenance Dose</th>
<th>PRN (AS NEEDED) DOSING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metoprolol tartrate</td>
<td>25-100 mg twice daily</td>
<td>12.5 mg - 25 mg PRN every 6-8 hours</td>
</tr>
<tr>
<td>Metoprolol XL (succinate)</td>
<td>50-400 mg daily</td>
<td>--</td>
</tr>
<tr>
<td>Propanolol</td>
<td>10-40 mg 3-4 times a day</td>
<td>10-20 mg PRN every 6-8 hours</td>
</tr>
<tr>
<td>Atenolol</td>
<td>25-100 mg daily</td>
<td>--</td>
</tr>
<tr>
<td>Carvedilol</td>
<td>3.125 -25 mg twice daily</td>
<td>--</td>
</tr>
<tr>
<td>Bisoprolol</td>
<td>2.5-10 mg daily</td>
<td>--</td>
</tr>
<tr>
<td><strong>Nondihydropyridine calcium channel antagonists (not to be used in heart failure EF &lt;40%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diltiazem (Extended release)</td>
<td>120-360 mg daily</td>
<td>(IR) 30 mg PRN every 6 -8 hours</td>
</tr>
<tr>
<td>Verapamil (Extended release)</td>
<td>180-480 daily</td>
<td>--</td>
</tr>
</tbody>
</table>

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**Goal #3: Heart Rhythm Control**

Treatment of Afib may include putting the heart back into normal rhythm. This is for patients who have symptoms or feel bad from Afib.

**Getting the Heart Back in Normal Rhythm:**

- **Cardioversion** (shock to the heart): This is a procedure in which you are put to sleep and a shock is given through patches placed on your chest and back. The shock stops the Afib and allows regular heartbeats (normal rhythm) to return.

- **Catheter Ablation:** This is a procedure in which catheters (small wires) are placed through the veins in your legs to get to your heart. The doctor uses the catheters to place lesions (burns) on the inside of your heart to destroy the faulty signals that cause Afib. *Ablation works about 60-80% of the time.* More than one procedure may be needed over time to stay in normal rhythm.

- **Antiarrhythmic Medications:** These are medications used to prevent Afib and to keep the heart in normal rhythm. They usually work about 30-50% of the time. If one medicine does not work, your provider may decide to try a different medication or use it with a procedure, like a *cardioversion or ablation.* Using an antiarrhythmic medication with a procedure will increase your chances of staying in normal rhythm.
# Antiarrhythmic Medications

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Common Dosages:</th>
<th>Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>flecainide (Tambocor)</td>
<td>50-150 mg twice daily</td>
<td>Should not be used in people with heart disease (heart failure, coronary artery disease/prior heart attack).</td>
</tr>
<tr>
<td>propafenone (Rythmol)</td>
<td>Immediate release 150-300 mg every 8 hours Extended release 225-425 every 12 hours</td>
<td>Side effects: unusual taste, dizziness, nausea/vomiting. Report fevers/chills. Should not be used in people with heart disease (heart failure, coronary artery disease/prior heart attack).</td>
</tr>
<tr>
<td>dronedarone (Multaq)</td>
<td>400 mg twice daily</td>
<td>Take with food to increase absorption. Common side effects include stomach upset/loose stools.</td>
</tr>
<tr>
<td>dofetilide (Tikosyn)</td>
<td>125/250/500 mcg every 12 hours</td>
<td>Must be started in the hospital. Many drug interactions.</td>
</tr>
<tr>
<td>sotalol (Betapace)</td>
<td>80-160 mg twice daily</td>
<td>Must be started in the hospital. Many drug interactions.</td>
</tr>
<tr>
<td>amiodarone (Pacerone, Cordarone)</td>
<td>200-400 mg daily</td>
<td>Side effects can be serious (liver damage, thyroid damage, eye problems, lung problems). Must have routine blood work and testing to screen for side effects. Many drug interactions, especially with warfarin.</td>
</tr>
<tr>
<td>disopyramide (Norpace)</td>
<td>(Immediate release) 100-200 mg every 6 hours Extended release) 200-400 mg every 12 hours</td>
<td>Typically used in patients with hypertrophic cardiomyopathy.</td>
</tr>
</tbody>
</table>
Important considerations if taking antiarrhythmic medication

- Routine blood work and EKG are needed to ensure safety of dosing.
- It is important to take your medications at the same time(s) every day.
- If you miss a dose, never double up. It is safer to just skip the dose and resume at the next scheduled time.
- There are many medications that can interact with antiarrhythmic medications. Sometimes the effects can be dangerous. **When starting a new medication always ask the provider or pharmacist to check for interactions.**
- [Crediblemeds.org](http://Crediblemeds.org) is website to use to check for medications that might interact with Tikosyn and Solatol.

**Tikosyn – Medications to Avoid**

- cimetidine (Tagamet)
- verapamil (Calan, Isoptin, Verelan)
- ketoconazole (Nizoral)
- trimethoprim alone (Proloprim, Trimpex)
- trimethoprim and sulfamethoxazole (Bactrim, Septra)- **These are common antibiotics.**
- prochlorperazine (Compazine)
- megestrol (Megace)
- dolutegravir (Tivicay)
- hydrochlorothiazide alone or in combination with other medications (Esidrix, Ezide, Hydrodiuril, Hydro-Par, Microzide, or Oretic)
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Tikosyn Patient Information Card

Instructions: Cut along the solid, bold line. Fold along dotted line.

<table>
<thead>
<tr>
<th>WHILE TAKING TIKOSYN, DO NOT TAKE THE FOLLOWING DRUGS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTIBIOTICS/ANTIFUNGAL</td>
</tr>
<tr>
<td>ANTI-ACID</td>
</tr>
<tr>
<td>ANTI-NAUSEA</td>
</tr>
<tr>
<td>FLUID PILL</td>
</tr>
<tr>
<td>HEART DRUGS</td>
</tr>
<tr>
<td>OTHER DRUGS</td>
</tr>
</tbody>
</table>

TIKOSYN INSTRUCTIONS:
Tikosyn is a medication that works to keep your heart in normal rhythm.
*Take Tikosyn every 12 hours.
*Do not change your dose scheduled time by more than 1 hour at a time.
*If you miss your dose by more than two hours, skip that dose and resume your Tikosyn at the next scheduled time—NEVER take two doses at once.
*If you miss more than 3 doses in a row, you will need to be readmitted to the hospital to restart the Tikosyn.
*Refill your Tikosyn before you run out
*Have your kidney function and 12 lead EKG checked every 3 months.
*Ask your doctor or pharmacist to check for interactions with Tikosyn when starting any new medications.

*For more information visit www.Tikosyn.com or call 1-800-879-3477
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Goal #4: Risk Factor Control

There are many risk factors for Afib. Some risk factors cannot be changed, such as age, gender, or family history. However, some risk factors CAN be changed and should be kept under control.

- People with Afib often have more than 1 risk factor.
- Research has shown that keeping risk factors under control, exercising, and maintaining a healthy weight can improve and prevents Afib.
- Your healthcare providers should work with you to treat your risk factors.

Here are some examples of risk factors and what you can do to control them:

1. High blood pressure - keep blood pressure under control with medicines, diet, and exercise.
2. Diabetes - check blood sugars, keep under control with medicines or diet.
3. Sleep apnea - have a sleep study, use CPAP/BIPAP machine as directed.
4. Thyroid disease - keep thyroid levels in normal range.
5. Obesity - Follow a heart healthy diet and exercise regularly to maintain a healthy weight.

Please review the Chronic Disease and Afib (section 4) and the Healthy Lifestyle (section 5) for details on what you can do to improve your health.
Summary:

Afib is not a dangerous heart rhythm. If treated well, many people with Afib lead normal lives. Afib has many causes - some are out of your control, but some CAN be changed!

As of now, there is no “cure” for Afib. The goal of treatment is to help you feel better and to prevent problems. Think of Afib as a chronic condition (like high blood pressure or diabetes). The best approach to treatment of Afib is to work with your doctors to:

- Prevent stroke with blood thinners (check with your doctor to see if you need to take a blood thinner based on your risk factors).
- Control heart rate (this is done with medicines).
- Keep heart in normal rhythm if you have symptoms with your Afib (this is done with cardioversion, antiarrhythmic medications, or catheter ablation procedure).
- Keep your risk factors under control (blood pressure, diabetes, weight, thyroid problems).
Chapter 3:

MANAGING ATRIAL FIBRILLATION EPISODES
**HOW TO TELL WHEN YOU ARE IN AFIB & WHAT TO DO ABOUT IT (3 STEPS)**

**Step 1: Know Your Afib Symptoms.**

Recognizing your Afib symptoms will help you better manage your episodes.

What are YOUR symptoms of Afib? (check all that apply)

- Lack of energy or fatigue
- Weakness
- Shortness of breath
- Heart palpitations (feeling like your heart is racing, pounding, fluttering)
- Irregular pulse (may be fast or slow)
- Decreased activity level (trouble getting daily activities done)
- Chest discomfort (pain, pressure, tightness)
- Dizziness, lightheadedness, or fainting
- Anxious
- Weight gain, loss of appetite
- None (I cannot tell when I have Afib)

**Step 2: Confirm Rhythm: Check your pulse to see if you are in Afib.**

- Pulse (or heart rate) is the number of times your heart beats in 1 minute.
- “Normal” pulse is 60 – 100 beats per minute BUT can be higher or lower.
  Everyone is different! You should know what your “normal” pulse is when you are in normal rhythm.
- Pulse is usually lower at rest and higher with exercise.
- Normal pulse is *regular*. With Afib, pulse is *irregular and can be faster.*
- There are different ways to check your pulse: Counting your pulse by hand or using a blood pressure machine, stethoscope, or pulse monitor.
How To Check Your Pulse

There are 2 common places you can check your pulse - by placing your fingertips on your neck or on your wrist. Pick whichever one is easiest for you.

To check pulse on your neck: Place tips of your 1st and 2nd fingers lightly on your neck to the side of your windpipe. You should be able to feel where your pulse is beating.

To check pulse on your wrist: Place the tips of your 1st and 2nd fingers at the base of the thumb and slide it down 1 inch. You should be able to feel where your pulse is beating.

After you have located your pulse:

- See if it is beating in a regular or irregular rhythm.
- Use a watch or clock with a second hand to count the beats you feel for 1 minute. This number is your “pulse rate or heart rate.”
Step 3: What to Do During an Afib Episode

If you are having symptoms, and your pulse is irregular or fast, you are probably in Afib! One of the biggest questions from Afib patients is what to do during an Afib episode. Do you take it easy at home, or go to work as usual? Do you call your doctor or go to the emergency room? Whatever you do, DON’T PANIC!

When to Manage Afib at Home: If you are feeling okay, and it is your typical Afib episode, it is okay to wait it out at home and or go about your normal day. For example, you are feeling tired and a little short of breath with walking, but this is how you always feel during Afib. In this case, it is okay to stay home or continue your normal day. Take notes on how long the episode lasts and how you feel so that you can share this with your doctor at your next visit.

You can try some of these relaxation strategies to calm your mind and body:

Deep Breathing Exercises

- Get in a comfortable position.
- Close your eyes.
- Place a hand on your chest, and a hand on your belly.
- Breathe through nose or mouth.
- Focus on taking slow, deep breaths into your belly (chest should not move).
- If your thoughts wander - focus back on breathing.

Guided Imagery

- Go to that “happy place” - Imagine yourself in relaxing or enjoyable place.
- Focus all your attention on the sights, sounds, and smells, as you release all tension, worry, and stress.
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When to See/Call Your Doctor

- If symptoms get worse or you start feeling worse.
- Afib lasts longer than 24 hours.
- Afib episodes become more frequent or lasts longer.
- To get an EKG to confirm Afib.

When to Call 911 or Go to Emergency Room

- Signs of stroke (sudden weakness, numbness, trouble seeing or speaking)
- Passing out/nearly passing out
- Severe lightheadedness
- Chest pain
- Trouble breathing/shortness of breath
- Weak/cold sweat/clammy
- Severe medication effects (bleeding, overdose)

The bottom line is, listen to your body!
SUMMARY: HAVE A PLAN FOR AFIB EPISODES

1. Know your symptoms:
   - “When I feel __________***__________, I may be in Afib.”

2. Don’t Panic! Note the time the episode starts/stops.

3. Check your pulse. Is it regular or irregular? Is it faster than normal?

   Faster and irregular pulse likely means you are in Afib.

4. What now? It depends on how you feel.
   - If it’s your normal Afib: do usual activities (stay home or go to work, exercise, shopping), take it easy, do relaxation exercises.
   - If Afib lasts longer than usual (>24 hours), or if symptoms worsen, contact your doctor.
   - If you feel BAD, go to ER or call 911.
Chapter 4:

CHRONIC DISEASES AND ATRIAL FIBRILLATION
Heart Failure

Heart failure is a condition in which the heart muscle does not pump blood well enough to meet the body’s demands. This happens because the heart is too weak to pump the blood, or the heart cannot fill because it is too stiff. When the heart cannot keep up with its workload, fluid can back up into the lungs, stomach or legs. Heart failure can also cause people to feel tired or short of breath.¹

Common symptoms of heart failure include:

- A 3-pound weight gain in one day or a 5-pound weight gain in one week.
- Swelling in legs, ankles, feet or stomach.
- Shortness of breath when active or resting.
- Shortness of breath when lying down.
- Sleeping on 2 or more pillows to breathe better.
- Waking up at night short of breath.
- Feeling tired or weak.
- Cough or wheezing that will not go away.
- Lack of appetite.
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Report symptoms of worsening heart failure to your provider:

- Sudden shortness of breath when resting.
- Weight gain that happens quickly. Ask your doctor when to report the weight gain.
- Chest pain or fainting (may be a sign of other problems).
- Feeling tired most of the time.
- Dry cough that happens frequently.
- Worsened swelling of legs or ankles.
- Swelling or pain in the stomach.
- Trouble sleeping, using more pillows, or waking up short of breath.
- Decreased appetite.

There are many causes of heart failure:

- **Coronary Artery Disease (CAD):** This the most common cause of heart failure. The arteries of the heart become narrowed by fatty deposits making it hard for blood to get to the heart. When there is decreased blood flow can cause damage or lead to a heart attack.
- **High blood pressure (Hypertension):** When blood pressure is too high, the heart has to work harder to pump blood. This may make the heart too stiff or weak.
- **Cardiomyopathy:** This is damage to the heart muscle and can have many causes, such as a heart attack, infections or family genetics.
- **Toxins:** Alcohol abuse, illegal drug use (such as cocaine), or tobacco use can lead to heart failure. Other medications can cause heart failure as well.
- **Chronic diseases:** Diabetes, thyroid disease, high cholesterol, and Afib may lead to heart failure.
Heart failure and Atrial Fibrillation (Afib):

Heart failure can cause stretching or thickening of the heart. These changes lead to problems with the cells and electrical pathways of the heart, which can lead to Afib. Also, fluid buildup in the lungs or body can trigger Afib episodes.

When the heart is not pumping well because of Afib, it can lead to heart failure. Blood can back up into the lungs or other areas of the body, making you feel tired or short of breath.\(^2\)

Since heart failure can lead to Afib, and Afib can lead to HF, it is very important to manage your heart failure and prevent fluid buildup. This can help prevent Afib episodes.

Having either HF or Afib increases the chances that you will be diagnosed with the other. Depending on the severity of HF, the chances of developing Afib ranges from 10% - 57%. In the Framingham Heart study, of 1737 Afib patients, 37% also had HF.\(^3\)
Living with Atrial Fibrillation

Things to do every day:

• Take your medications exactly as directed.
• Weigh yourself daily. You should weigh yourself at the same time each morning after you use the bathroom. Make sure to record your weight.
• Monitor your symptoms carefully and report worsening symptoms to your provider.
• Attend your clinic appointments.
• Exercise regularly. See Exercise section in Chapter 5: Healthy Lifestyle.
• Do not smoke, use alcohol or illegal drugs.
• Make sure to get a flu vaccine yearly and pneumonia vaccine every 5 years.
• Maintain a heart healthy diet.
• Track your daily fluid intake, limiting intake to 2 liters daily.

Heart Healthy Diet:

A heart healthy diet aims at limiting the amount of salt (sodium) and fluid you eat. There should be no more than 3 grams of salt in food and drinks daily. Fluid intake should be less than 2 liters daily. Some tips to maintain a heart healthy diet include:

• Limit table salt. One teaspoon of salt equals 2300 mg of sodium, almost a total daily amount of salt.
• Avoid processed foods which are packed with salt. These include: frozen meals, snack food, deli and canned meats, and other canned foods.
• Limit sauces and seasonings. Ketchup, broths, soy sauces and salad dressings all include large amounts of sodium.
• Salt substitutes may sometimes be used.
• Eat fresh or frozen vegetables and fruits.
• Choose foods with the heart check mark certification.
• Read the nutrition label.
• Ask for food cooked without salt when eating out.
• Avoid eating fast food.
Medications:

Your doctors may decide to treat your heart failure by starting a combination of medications. These medications have been shown to either help you feel better or live longer. It is important to take those medications exactly as you are told.

There are several different types of heart failure medications:

- **Angiotensin Converting Enzyme (ACE) Inhibitors**: These drugs help lower blood pressure, increase blood flow, and help the heart pump better. Examples are benazepril, enalapril, lisinopril, and ramipril.

- **Angiotensin Receptor Blockers (ARB)**: These drugs also help lower blood pressure, increase blood flow, and help the heart pump better. This class is given to patients who cannot take ACE inhibitors. Common ARBs are losartan, valsartan, and candesartan.

- **Beta Blocker**: These drugs will slow your heart rate and lower your blood pressure. These drugs can also slow or reverse some heart muscle damage. Common beta blockers are carvedilol, metoprolol, and bisoprolol.

- **Diuretics**: These medications are often known as “fluid pills”. These medications will help get rid of extra fluid in the body by urinating more often. Common diuretics are furosemide, bumetanide, and torsemide.

- **Angiotensin-Receptor Neprilysin Inhibitors (ARNIs)**: These drugs help the heart pump better and can replace an ACE or an ARB. Sacubitril/Valsartan is a common ARNI.

Your doctor may prescribe other important medications for you take. Statins are used to lower your LDL (bad) cholesterol (fatty plaques) and raise your HDL (good) cholesterol. Antiplatelets help platelets stop getting stuck together and creating a clot that could cause a stroke or heart attack. Anticoagulants (blood thinners) help decrease the chance of stroke.
Living with Atrial Fibrillation

Medications to avoid:

- Non-steroidal anti-inflammatory (NSAIDs), these include: ibuprofen (Motrin, Advil) and naproxen (Aleve). Instead you should use acetaminophen (Tylenol) to treat mild pain.
- Decongestants including: pseudoephedrine (Sudafed), phenylephrine and oxymetazoline (Afrin). These medications are often in cold relief products found over the counter.
- Herbal medications and vitamins should be discussed with your doctor before you start taking them.

Be sure to talk to your doctor about all medications you are taking, including over the counter medications and herbal medicines, or changes in any of your medications.

References:


CORONARY ARTERY DISEASE

Large blood vessels (arteries) carry blood and oxygen to the heart. Coronary artery disease (CAD) starts when plaque (fatty deposits) builds up in the arteries. Plaque buildup causes arteries to narrow, which lowers blood flow to the heart. If the artery becomes completely blocked, it can lead to a heart attack.

There are many risk factors for CAD, some you can change such as smoking, poor diet, or physical inactivity. Some risk factors cannot be changed, such as family history, age or gender. CAD can also lead to other heart problems including atrial fibrillation, heart failure or stroke.¹

Risk Factors for Coronary Artery Disease¹:

- Age
- Gender
- Family history
- Smoking
- High blood pressure
- High cholesterol levels
- Diabetes
- Overweight
- Lack of regular exercise
- High stress
- Unhealthy diet
- Sleep apnea
- Alcohol use
- Autoimmune diseases
Living with Atrial Fibrillation

Common Symptoms of Coronary Artery Disease:

- **Chest pain:** The pain may occur in the middle or left side of the chest or can feel like pressure or tightness in the chest. The pain is usually triggered by physical or emotional stress. The pain usually goes away within minutes of stopping the activity. Some people may have pain in the neck, arms or back.
- **Shortness of breath:** When the heart cannot pump enough blood to meet the body’s needs, it can cause you to feel short of breath or fatigued.
- **Heart Attack:** When an artery in the heart becomes completely blocked, the heart muscle does not have any blood supply causing the muscle to die which causes a heart attack.
  - Symptoms of a heart attack can be crushing pain in the chest and shoulder or arm, sometimes with shortness of breath and sweating. Other symptoms that are not as common are neck or jaw pain.

If you think you are having a heart attack, chest pain, sudden shortness of breath, nausea and vomiting, call 911. If you don’t have access to emergency medical services, have someone drive you to the nearest hospital.

**Coronary Artery Disease and Atrial Fibrillation:**

Coronary artery disease is a problem with narrowing of the heart blood vessels, while atrial fibrillation is a problem with the heart’s electrical activity. Decreased blood flow to the heart from CAD can cause damage to the muscle and interfere with the heart’s electrical activity, causing abnormal heart rhythms, like Afib. It is common for patients to have both CAD and Afib because they share the same risk factors. It is estimated that 17%-47% of patients with Afib also have CAD.²

Afib and CAD may cause similar symptoms, like chest pain and shortness of breath. Patients with CAD may need to take a blood thinner to prevent clots inside the heart
Living with Atrial Fibrillation

arteries, while patients with Afib often need to take a blood thinner to prevent clots from forming inside the heart (which causes stroke).

It is important you talk to your provider about your treatment options and all medications you are currently taking.\(^2\,^3\)

**Prevention:** Because Afib and CAD share the same risk factors, it is important to have good control of blood pressure, blood sugar, and blood cholesterol.

**Things you can do to improve your health:**\(^1\,^4\,^5\):

- **Stop smoking:** Smoking causes the vessels in the heart to narrow and makes the heart work harder. Smoking causes one out of every three deaths from heart disease. Even secondhand smoke increases the risk of heart disease by 25-30\%.\(^4\)

- **Exercise:** Regular exercise helps lower risk for CAD. See Exercise section in Chapter 5: Healthy Lifestyle

- **Heart Healthy Diet:** Maintaining a heart healthy diet will help you achieve a healthy weight and lower your cholesterol levels.

**Medications:**\(^1\,^4\,^5\):

Your doctors may decide to treat your coronary artery disease by starting a combination of medications. It is important to take those medications exactly as you are told.

- **Cholesterol lowering medications:** Lowering the amount of cholesterol, including LDL “bad” cholesterol, helps decrease the risk of blockages in the blood vessels. This medication may be given if you have normal cholesterol levels because it has been shown to reduce the risk of heart disease. There are several different types of medications including: Statins, niacin, fibrates, and bile acid sequestrants.

- **Aspirin:** This drug lowers the chance of your blood forming clots that could block your heart arteries.
Living with Atrial Fibrillation

- **Angiotensin Converting Enzyme (ACE) Inhibitors:** These drugs help lower blood pressure, increase blood flow, and help the heart pump better. Examples are benazepril, enalapril, lisinopril, and ramipril.

- **Angiotensin Receptor Blockers (ARB):** These drugs also help lower blood pressure, increase blood flow, and help the heart pump better. This class is given to patients who cannot take ACE inhibitors. Common ARBs are losartan, valsartan, and candesartan.

- **Beta Blocker:** These drugs will slow your heart rate and lower your blood pressure. These drugs can also slow or reverse some heart muscle damage. Common beta blockers are carvedilol, metoprolol, and bisoprolol.

- **Calcium Channel Blockers:** These drugs help relax the blood vessels in the heart and help decrease how hard the heart has to pump. These drugs may also help symptoms of chest pain.

- **Ranolazine:** This medication may help reduce chest pain. This medication may be used with beta blockers or instead of beta blockers.

- **Nitroglycerin:** This medication can help chest pain symptoms by relaxing the heart vessels, making it easier for blood to flow. This medication is available in tablets, sprays, and patches.

Be sure to talk to your doctor about all medications you are taking, including over the counter medications and herbal medicines, or changes in any of your medications.

References:


What is high blood pressure? Blood pressure is the force of blood pushing against blood vessel walls. High blood pressure (HBP) means the pressure is higher than it should be. The medical term for high blood pressure is “hypertension.” High blood pressure is usually “silent”- most people do not have symptoms. That is why it important to check your blood pressure routinely.

High blood pressure and Afib: High blood pressure is one of the most common risk factors for Afib.

High blood pressure forces the heart to work harder. Over time, high blood pressure causes changes inside the heart, such as stretching of the heart chambers and thickening of the heart muscle. These changes can lead to the onset of Afib. Studies have shown that controlling blood pressure in a normal range can help reduce the risk of having Afib.

High blood pressure and stroke risk: The risk of stroke per year in people with Afib and high blood pressure is three times higher compared to people who have Afib without high blood pressure (3.6 vs 1.1%).

It is very important to keep your blood pressure in a normal range to prevent problems such as stroke, heart failure, kidney failure, and Afib.
**Understanding your blood pressure numbers:** Your blood pressure is made up of two numbers:

Example: **120/80 mm Hg** is read as “120 over 80” millimeters of mercury.

The first number is called the **systolic blood pressure**. This is the pressure against your blood vessel walls when your heart beats. The second number is the **diastolic blood pressure**. This is the pressure against your blood vessel walls when the heart is relaxed.

<table>
<thead>
<tr>
<th>Blood Pressure Category</th>
<th>Systolic mm Hg (Upper number)</th>
<th>Diastolic mm Hg (Lower number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal blood pressure</td>
<td>Less than 120 and Less than 80</td>
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<tr>
<td>Elevated</td>
<td>120-129 and Less than 80</td>
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<tr>
<td>Stage 1 Hypertension</td>
<td>130-139 or 80-89</td>
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<tr>
<td>Stage 2 Hypertension</td>
<td>140 or above or 90 or above</td>
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</table>
What can you do to control your blood pressure?

1. **Eat a well-balanced diet.** Eat healthy meals low in saturated fat, trans-fat, sodium (salt) and added sugars. Increase intake of fruits, vegetables, and low fat dairy foods.

   The DASH (Dietary Approaches to Stop Hypertension) eating plan has been proven to lower blood pressure. The DASH plan focuses on healthy food sources, like fruits and vegetables, and limits red meat, sodium (salt), and sweets (added sugars and sugary beverages). See page 42 for more information on the DASH eating plan.

2. **Limit salt (sodium).** Eating too much salt can cause you to retain water, which will cause your blood pressure to be higher. Avoid table salt, processed or canned foods, sauces or seasonings.

3. **Limit alcohol** to no more than one drink per day for women or two drinks a day for men. Alcohol adds unneeded calories and raises blood pressure.

4. **Be more physically active.** See Exercise section in Chapter 5: Healthy Lifestyle.

5. **Maintain a healthy weight.** Weight loss can improve blood pressure, reduce risk of heart disease, and prevent Afib! To reach a healthy weight, try to have healthy eating habits and increase physical activity.

6. **Take your medications properly.** If you have been prescribed a medication to help lower your blood pressure, set reminders or use a pill box to help you take your medications on time every day.
How to properly check your blood pressure at home:

It is important to monitor blood pressure regularly. You can use the blood pressure machines available at your local pharmacy, or even better, buy a machine to use at home.

- Sit comfortably with your back supported for at least 5 minutes before taking a measurement.
- Rest both feet on the floor, do not cross your legs.
- Rest your arm on a table so the blood pressure cuff is at about the same level as your heart.
- You should take two blood pressure measurements, one minute apart. Write both numbers on a log (see below).
- Do this twice a day (morning and evening) every day for seven days prior to each clinic visit and share your results with your healthcare provider.
**Blood Pressure Log:**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>#1</th>
<th>#2</th>
<th>TIME</th>
<th>#1</th>
<th>#2</th>
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</table>

**References:**


DASH Eating Plan

(Dietary Approaches to Stop Hypertension)

The DASH diet focuses on increasing intake of fruits, vegetables, low fat or nonfat dairy. It also includes whole grains; lean meats, fish, poultry; nuts and beans. It is high in fiber, protein, potassium, and magnesium. It is low in saturated and trans-fats that can be harmful to your heart. It has been proven to lower blood pressure, cholesterol, and promotes weight loss. Ask your healthcare provider if you would like help creating a healthy eating plan.

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Number of servings based on a 2000 calorie diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grains and grain products (include at least 3 whole grain foods each day)</td>
<td>7 - 8</td>
</tr>
<tr>
<td>Fruits</td>
<td>4 - 5</td>
</tr>
<tr>
<td>Vegetables</td>
<td>4 - 5</td>
</tr>
<tr>
<td>Low fat or non-fat dairy foods</td>
<td>2 - 3</td>
</tr>
<tr>
<td>Lean meats, fish, poultry</td>
<td>2 or less</td>
</tr>
<tr>
<td>Nuts, seeds, and legumes</td>
<td>4 - 5 per week</td>
</tr>
<tr>
<td>Fats and sweets</td>
<td>Limited</td>
</tr>
</tbody>
</table>

References: www.DASHdiet.org
Atrial fibrillation appears to be more common in people with diabetes. It is estimated that patients with diabetes are 40 percent more likely to have Afib than people without diabetes.¹

The exact reasons for the link between diabetes and Afib are not completely understood. One leading cause is that diabetes causes inflammation throughout the body, including the heart, which leads to Afib.

Diabetes is also a risk factor for stroke in people with Afib. In fact, it is part of the scoring system used to calculate stroke risk in Afib patients to determine who needs to take a blood thinner.

*Studies show that having good control of blood sugars can help reduce the risk of Afib and heart disease. It is also important to control diabetes to prevent problems such as kidney damage, eye damage, or nerve damage.*

**Understanding the Hemoglobin A1C:**

Hemoglobin A1c is a blood test that checks your average blood sugar level over the past 2 to 3 months. The results give you a good idea of how well your diabetes treatment plan is working. Your doctor can use this information to adjust your medicine and diabetes treatment, if needed. This test is also one of the tests used to diagnose diabetes in adults.

The test result is usually given as a percentage. The normal A1c is less than 5.7%. You have a higher risk for diabetes if your A1c is 5.7% to 6.4%. If your level is 6.5% or higher, you have diabetes. An A1C goal of 7% or less is typical for most adults with diabetes.
Blood glucose:

Keeping your blood sugar levels as close to normal as possible can prevent or slow the progress of many problems of diabetes, giving you extra years of healthy, active life. Be sure to monitor your blood sugars and review your goals with your doctor.

You should bring your blood glucose meter and logbook to each visit.

The American Diabetes Association recommends the following blood sugar and A1c monitoring:

<table>
<thead>
<tr>
<th></th>
<th>Recommended Ranges</th>
<th>When to Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting Blood Glucose</td>
<td>80-130 mg/dL</td>
<td>8 hours without food</td>
</tr>
<tr>
<td>Post Meal Blood Glucose</td>
<td>&lt;180 mg/dL</td>
<td>&lt; 2 hours after eating</td>
</tr>
<tr>
<td>A1C Goal – Most Adults</td>
<td>&lt;7%</td>
<td>Every 3 months if uncontrolled; every 6 months if at goal</td>
</tr>
<tr>
<td>A1C Goal – Less Strict*</td>
<td>&lt;8%</td>
<td>Every 3 months if uncontrolled; every 6 months if at goal</td>
</tr>
</tbody>
</table>

*Less strict A1c for people who are sensitive to low blood sugar levels (advanced age, history of severe heart disease, long duration of diabetes).
Healthy Eating Tips for Diabetes:

- Limit saturated fat, such as the fat from meat and dairy products. Choose lean cuts of meat and nonfat or low-fat dairy products. Use olive or canola oil instead of butter or shortening when cooking.
- Don't skip meals. Your blood sugar may drop too low if you skip meals and take insulin or certain medicines for diabetes.
- If you eat more carbohydrate at a meal than you had planned, take a walk or do other exercise. This will help lower your blood sugar.
- Eat at least three meals a day.
- Plan meals to include food from all the food groups. The food groups include grains, fruits, dairy, proteins, and vegetables.
- You may want to work with a dietitian or a certified diabetes educator (CDE) to help you plan meals and snacks.

Diabetes and Exercise:
When you have diabetes, it is important to get regular exercise. This helps control your blood sugar level. You can still play sports, run, ride a bike, go swimming, and do other activities when you have diabetes. Before you start a new exercise program, talk to your doctor about how and when to exercise.

Snacks with exercise:
- If your diabetes is controlled by diet or medicine that doesn't lower your blood sugar, you don't need to eat a snack before you exercise.
- Otherwise, you should check your blood sugar before you exercise.
  - If your blood sugar is less than 100, eat a carbohydrate snack before you exercise.
  - Be careful when you exercise if your blood sugar is over 300. High blood sugar can make you dehydrated which makes your blood sugar levels go even higher. If you have ketones in your blood or urine and your blood sugar is over 300, do not exercise.
Living with Atrial Fibrillation

- Don't try to do too much at first. Build up your exercise program bit by bit. Try to get at least 30 minutes of exercise on most days of the week. Walking is a good choice. You also may want to do other activities, such as riding a bike or swimming. Try to include muscle-strengthening exercises at least 2 times a week. These exercises include push-ups and weight training. You can also use rubber tubing or stretch bands.
- You may get symptoms of low blood sugar during exercise or up to 24 hours later. Some symptoms of low blood sugar, such as sweating, a fast heartbeat, or feeling tired, can be confused with what can happen anytime you exercise. Other symptoms may include feeling anxious, dizzy, weak, or shaky. So it's a good idea to check your blood sugar again.
- You can treat low blood sugar by eating or drinking something that has 15 grams of carbohydrate. Quick-sugar foods such as fruit juice, regular (not diet) soda, glucose tablets, or hard candy can help raise blood sugar quickly. Check your blood sugar level again 15 minutes after having a quick-sugar food to make sure your level is getting back to your target range.
- Drink plenty of water before, during, and after you exercise.

What should you know about eating carbs?
Managing the amount of carbohydrate (carbs) you eat is an important part of healthy meals when you have diabetes. Carbohydrate is found in many foods.

- Learn which foods have carbs and learn the amounts of carbs in different foods.
  - Bread, cereal, pasta, and rice have about 15 grams of carbs in a serving. A serving is 1 slice of bread (1 ounce), ½ cup of cooked cereal, or 1/3 cup of cooked pasta or rice.
  - Fruits have 15 grams of carbs in a serving. A serving is 1 small fresh fruit, such as an apple or orange; ½ of a banana; ½ cup of cooked or canned...
Living with Atrial Fibrillation

- Fruit can be a good option: ½ cup of fruit juice; 1 cup of melon or raspberries; or 2 tablespoons of dried fruit.
- Milk and no-sugar-added yogurt have 15 grams of carbs in a serving. A serving is 1 cup of milk or 2/3 cup of no-sugar-added yogurt.
- Starchy vegetables have 15 grams of carbs in a serving. A serving is ½ cup of mashed potatoes or sweet potato; 1 cup winter squash; ½ of a small baked potato; ½ cup of cooked beans; or ½ cup cooked corn or green peas.

- Learn how much carbs to eat each day and at each meal. A dietitian or CDE can teach you how to keep track of the amount of carbs you eat. This is called carbohydrate counting.
- If you are not sure how to count carbohydrate grams, use the Plate Method to plan meals. It is a good, quick way to make sure that you have a balanced meal. It also helps you spread carbs throughout the day.
  - Divide your plate by types of foods. Put non-starchy vegetables on half the plate, meat or other protein food on one-quarter of the plate, and a grain or starchy vegetable in the final quarter of the plate. To this you can add a small piece of fruit and 1 cup of milk or yogurt, depending on how many carbs you are supposed to eat at a meal.
- Try to eat about the same amount of carbs at each meal. Do not "save up" your daily allowance of carbs to eat at one meal.
- Proteins have very little or no carbs per serving. Examples of proteins are beef, chicken, turkey, fish, eggs, tofu, cheese, cottage cheese, and peanut butter. A serving size of meat is 3 ounces, which is about the size of a deck of cards. Examples of meat substitute serving sizes (equal to 1 ounce of meat) are 1/4 cup of cottage cheese, 1 egg, 1 tablespoon of peanut butter, and ½ cup of tofu.
Other Tips for Living Well with Diabetes and Afib:

- Do not smoke. Smoking affects blood flow and can make foot problems worse. If you need help quitting, talk to your doctor about stop-smoking programs and medicines.
- Be careful with alcohol. Alcohol can cause your blood sugar to drop too low. Alcohol can also cause a bad reaction if you take certain diabetes medicines. Check with your doctor before you drink alcohol.
- Take care of your feet and wash them every day. Diabetes can damage the nerve endings and blood vessels in your feet. Inspect your feet daily for blisters, cuts, cracks, or sores. If you have a foot problem, see your doctor.
- Take your medications as prescribed and be sure to go to all doctors’ appointments.

References

2. Diabeteseducators.org
SLEEP APNEA

What is sleep apnea?

Sleep apnea is a condition when breathing sometimes stops or becomes very shallow when you sleep. The most common type of sleep apnea is “obstructive sleep apnea.” This is caused by closure or blockage of the back of the throat and upper airway during sleep. “Central sleep apnea” is due to the brain not sending regular signals to the lungs to help you breathe in and breathe out. Some people have both types, called “complex sleep apnea.” Sleep apnea is common - 1 in 5 adults have at least mild sleep apnea.

Sleep Apnea and Afib:

There is a strong link between sleep apnea and Afib - about half of the patients with Afib also have sleep apnea, and patients with sleep apnea have four times the risk of having Afib.

With sleep apnea, breathing stops and starts multiple times during sleep. This can lead to drops in oxygen saturations in the blood, which is required for the heart to function. The pauses in breathing can also cause the person to experience gasping episodes and sudden awakenings which causes mechanical strain on the heart muscle. All this can affect the heart’s rhythm and cause Afib.

Studies have suggested that sleep apnea can increase the risk of developing Afib, while treatment of sleep apnea can help control Afib and help Afib treatment work better.

Sleep apnea is also linked to high blood pressure, stroke, and heart disease. It is very important to be tested for sleep apnea if you have symptoms or risk factors.
Symptoms of sleep apnea:

- Daytime fatigue or tiredness
- Feeling sleepy during the day
- Hard to focus
- Depression or moody
- Morning headaches
- Over-reliance on caffeine to keep yourself going
- High blood pressure
- Restless or disturbed sleep
- Snoring
- Witnessed pauses in breathing or irregular breathing while asleep
- Waking with feelings of gasping or choking

Risk factors:

- Age
- Large neck size
- Excess weight
- High blood pressure
- Smoking
- Male gender
- Asthma
- History of stroke
- Enlarged tonsils
- Narrowed airway
- Chronic nasal congestion
- Diabetes
- Family history of sleep apnea

Everyone is different and it is possible to have sleep apnea even if you do not have one or more of the above symptoms or risk factors.
How is sleep apnea diagnosed and treated?

Sleep apnea is diagnosed with a sleep study. The sleep study measures breathing patterns, and also monitors eye movements, brain waves, oxygen levels, arm and leg movements, and heart rhythm. Traditionally, these sleep studies are performed during an overnight stay at a sleep lab. Some centers also offer “home sleep studies” in which a device is taken home to record information while you sleep. While the data obtained from a home sleep study is more limited, it may be sufficient to make a diagnosis in people with simpler forms of sleep apnea. Your doctor can help select the most appropriate and cost-effective test for you.

Lifestyle changes can help improve sleep apnea:

- Weight loss
- Regular exercise
- Reduce alcohol
- Quit smoking
- Control allergies
- Sleep on your side

If treatment is needed, you may be prescribed “Positive Airway Pressure.” A machine delivers “positive airway pressure” through a mask to keep your airways open during sleep. Other treatments for sleep apnea may include mouth guard or surgery.

Talk to your doctor.

Treating sleep apnea is a very important part of Afib treatment. If you think you may have sleep apnea, talk to your doctor to get screened.

References:

**THYROID DISORDERS**

The thyroid is a small gland inside the neck that controls metabolism inside the body. The gland is responsible for temperature control, body weight, heart rate and many more functions of the body. The thyroid produces, stores, and releases hormones into the body for the cells to use. There are three main hormones used by thyroid to function properly, they are: TSH, T3 and T4. When these hormones are not working well, a person can suffer from either hypothyroidism (decreased thyroid function) or hyperthyroidism (increased thyroid function).¹

**Common symptoms of hyperthyroidism:**

- Anxiety
- Nervousness
- Sweating or feeling flushed
- Hair loss
- Increased or rapid heart beat
- Hand trembling
- Weight loss

**Common symptoms of hypothyroidism:**

- Tired
- Dry skin and hair
- Depression
- Feeling cold or cool
- Decreased heart beat
- Weight gain
Risk factors for thyroid disorders:\(^2\):

**Age:** As you age, the risk of a thyroid disorder increases, especially after age 50.

**Gender:** Being a woman increases the risk of thyroid disorder.

**Autoimmune Disorders:** If you have type 1 diabetes, rheumatoid arthritis, or any other autoimmune disorder, you are at higher risk for thyroid disorders.

**Family History:** If you have family history of thyroid disorder or any other autoimmune disorder, you are at a higher risk of thyroid disorders.

**Radiation:** If you have been exposed to radiation in your neck or upper body region, you are at higher risk of thyroid disorders.

**Thyroid disorders and Atrial Fibrillation:**

When there is too much thyroid hormone produced in the body (hyperthyroidism), it can increase heart by interfering with the electrical impulses. When this happens, it makes the heart pump harder and can strain the heart. When the heart is strained or beating too quickly, it can cause the heart to beat irregularly, causing AFib.

One study of 40,628 patients with hyperthyroidism found 8.3% of those patients also had atrial fibrillation or atrial flutter.

Low thyroid levels (hypothyroidism) has been shown to increase heart problems, including: obesity and high blood pressure. There have been several studies researching the link between A Fib and hypothyroidism, but there is no clear evidence of a connection between the two diseases.\(^3\)

**Prevention:**

At this time, there are no actions you can take to prevent a thyroid disorder. Early screening and detection of thyroid disorders is recommended to start treatment as early as possible to decrease the chance of heart damage in the future.\(^1\)
Hyperthyroidism treatments¹:

- **Antithyroid medications** – These drugs interfere with how much thyroid hormones are being made in the body. The most common medication is methimazole.
- **Radioactive iodine therapy** – This procedure damages the cells that make the thyroid hormones. This treatment is 75-100% effective for most patients. There is a risk that you may suffer from hypothyroidism after treatment and may need to take a thyroid replacement.
- **Beta blockers** – These medications may be used to help with the symptoms of hyperthyroidism, such as increased heart rate and hand tremors. Common medications in the class include: metoprolol, carvedilol, and bisoprolol.

Hypothyroidism treatments¹:

- **Thyroid hormone replacement** – This class of medication helps increase the amount of thyroid hormone produced in the body. Levothyroxine is the most common prescribed. Patients on this therapy will need to have their labs monitored to make sure they are on the correct dose of hormone replacement.

References:


Chapter 5: **HEALTHY LIFESTYLE**
ANXIETY, STRESS, AND MENTAL WELL-BEING FOR THE AFIB PATIENT

Stress and Anxiety:

Stress is just a fancy name for the challenges that we all deal with on a daily basis. Stress can show itself at different times and being diagnosed with Afib can be very stressful. Many people with Afib worry about their health and may have a hard time learning how to live with Afib. Sometimes, if you do not have good ways to cope with stress, it can lead to anxiety. Anxiety is a basic, natural emotion that we all feel.

Symptoms of anxiety can show in three common ways:

- Physical – bodily sensations
- Cognitive – thoughts or fears
- Behavioral – actions or responses

Anxiety and Afib:

Studies have shown a link between Afib and anxiety. Many people with anxiety report worsened symptoms of Afib (such as more shortness of breath, chest discomfort, or racing heartbeat). In fact, anxiety can trigger an Afib episode, and an Afib episode can trigger an anxiety attack! This is an unhealthy cycle that worsens Afib, which is why it is important to have good ways to cope with anxiety.

Having good ways to deal with anxiety can help patients with Afib feel better overall.

Relaxation:

Learning to relax and let go of stress can lead to a sense of calm and peacefulness. There are many different ways to relax – it is important to remember that not all ways work for everyone. Here are two ways that you can try to help stay calm and relaxed:

1. Deep Breathing
2. Guided Imagery
The best time to start practicing these skills would be when you are not stressed. It is best to practice in a quiet place where you will not be disturbed. Once you have mastered these skills, you will be armed and ready to put them to use during real, stressful events!

1. **Deep Breathing**

Learning to control breathing is a very powerful tool for relaxation. By paying attention to slow and deep breathing, we can calm our minds and bodies. Deep breathing can be used in many settings - during medical tests, during a visit to the doctor’s office, or during normal day-to-day stressors. Follow these steps for deep breathing:

- Get in a comfortable position (seated or reclined).
- Loosen any tight clothing.
- Place one hand on your chest, and one hand on your belly.
- Close your eyes.
- Focus on taking slow, deep breaths into your belly.
- The hand on your belly should move, while the hand on your chest should stay still.
- It does not matter if you breathe through your nose or mouth – just do what is comfortable.
- If your thoughts wander, try to focus back to deep breathing.
2. **Guided Imagery**

Guided Imagery is a healthy use of daydreaming. Focusing your thoughts on something calm or peaceful can help your body relax. When you feel stressed or anxious, just think of a place or memory that is calming for you.

Example:

“Imagine yourself on a beautiful, warm beach. In front of you is the calm, blue ocean, with gentle rolling waves. Try to smell the salty air. Feel the sun shining down on you, warming your body. Feel the cool ocean breeze as it blows over your body. Listen to the sound of the waves lapping onto the shore. Under your bare feet, feel the warmth and grittiness of the sand, and the smooth surface of shells. Focus all your attention on the sights, sounds, and smells, as you release all tension, worry, and stress.”

**Other ways to help cope with stress and anxiety:**

- **Exercise or regular physical activity:** Exercise is one of the best ways to feel better mentally and reduce stress. It has also been shown to improve Afib.
- **Yoga:** Yoga has been shown to improve quality of life in Afib patients. Yoga also can help reduce stress and help with relaxation.
- **Medications:** Talk to your doctor to see if medications are the right option for you.
- **Peer support:** Talking to other people with Afib may help relieve anxiety. Ask your doctor about ways to connect with others who have Afib.
- **Healthy eating:** Eating a healthy diet can help reduce stress and improve mood. Staying within a healthy weight has been shown to improve Afib.
- **Positive thoughts:** Try to replace negative thoughts with positive thoughts.
Is it safe to exercise with Afib?

One of the most common concerns Afib patients have is whether it is okay to exercise, even during an Afib episode. The answer is YES! Exercise is great for heart health and is encouraged for people with Afib. Exercise has been shown to reduce the risk of stroke and heart disease, lower blood pressure, and improve diabetes. Exercise can also improve mental health, improve energy levels, and help with weight loss. Studies have shown that exercise can prevent Afib!

Make sure to start slow, 10 minutes, 3 to 5 times a week. When you feel comfortable, increase your exercise by 5 minutes. The goal to reach is 30 minutes of exercise 5 days a week.

* If you feel dizzy, lightheaded, chest pain, short of breath, or weak, then do NOT try to exercise during this time.
Living with Atrial Fibrillation

Get active!

It is important to be physically active. Here are some ways to increase your physical activity throughout the day:

- Perform housework.
- Work in the garden or mow the grass.
- Go out for a brisk walk before breakfast or after dinner.
- When watching TV, sit up instead of lying on the sofa. You can also use this time to stretch. Try to minimize screen time.
- Stand up while talking on the telephone.
- Walk the dog.
- Park farther away at the store, or walk an extra lap or two around the mall or store.
- Take the stairs instead of an elevator when you can.
- Walk the golf course.

The American Heart Association Recommends:

<table>
<thead>
<tr>
<th>For Overall Heart Health:</th>
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</thead>
<tbody>
<tr>
<td>Perform at least 30 minutes of moderate-intensity aerobic activity at least 5 days per week for a total of 150 minutes</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>At least 25 minutes of vigorous aerobic activity at least 3 days per week for a total of 75 minutes; or a combination of moderate- and vigorous-intensity aerobic activity</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>Moderate- to high-intensity muscle-strengthening activity at least 2 days per week for additional health benefits.</td>
</tr>
</tbody>
</table>
## Types of Activity and Examples:

<table>
<thead>
<tr>
<th>Type of Exercise/Activity:</th>
<th>Breathing pattern</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Moderate-intensity        | You can carry a conversation but you cannot sing. | - Walking briskly  
- Water aerobics  
- Biking 5-9 mph  
- Gardening |

Vigorous

You may have labored breathing and should be able to speak, but may not be able to speak in full sentences.

Research shows vigorous activity is just as safe in patients with Afib as healthy adults without it!

- Running/Jogging  
- Tennis  
- Biking faster than 10 mph  
- Elliptical

Muscle strengthening

Should not be labored.

- Lifting weights to strengthen major muscle groups (legs, arms, back, chest, shoulders, abdomen/stomach)
Exercise tips for people with atrial fibrillation:

1. How hard should you push yourself? It may be hard to count heart rate while you are in Afib. Push yourself until your level of exertion is “somewhat hard.” You should have labored breathing and should be able to speak, but may not be able to speak in full sentences. STOP if you are feeling dizzy, chest pain, or trouble breathing. Listen to your body!

2. Set realistic exercise goals. Start gradually and do more if you can. Don’t jump into a hard activity right away. If you cannot do 30 minutes straight, you can break up into three 10-minute sessions.

3. Low-impact, aerobic activity. Light, repetitive weight-lifting is better than heavy weight lifting where you are holding your breath and grunting. Do not hold your breath as this increases blood pressure.

4. Wear proper exercise safety gear. If you’re on a blood-thinning medication, try to avoid activities that can cause injury/bleeding when you’re working out.

5. Be careful when weight training. There is no specific weight limit for proper exercise safety, but make sure you can lift the weights comfortably to prevent injury.

6. Warm-up/cool-down to prevent injury: Take time to warm up (walk slowly for 5-10 minutes) before you exercise. Cool down and stretch after exercise.

7. Stay Hydrated. Drink plenty of fluids, especially during warm months or outdoors.

8. Don’t overheat. Some medications used to treat Afib can lower your blood pressure, making you more sensitive to heat. Take frequent breaks, drink enough water, and pay attention to how you feel.

9. Exercise in a comfortable setting. Make sure there is good lighting and ventilation. Do not exercise outdoors when it is too cold, hot, or humid.

10. Last but not least, make it enjoyable! Find an exercise partner. Exercise does not have to be the traditional “run on the treadmill” experience. You can walk briskly, work in the garden, dance, or even do water aerobics!
In summary…

It generally is okay to exercise with Afib if you feel up to it. Talk to your doctor about any specific restrictions. Remember to start gradually, do what you can tolerate and listen to your body. If you feel dizzy, lightheaded, chest pain, or short of breath, stop right away and cool off. If you do not feel better after a period of rest, then seek medical attention.

Exercise Commitment:

My goal is to be active ______ minutes per day, ______ days per week.

I will do these types of activities to meet my goals:

I am making this commitment for the following reasons:

______________________________

Name

References:

HEALTHY EATING, HEALTHY WEIGHT

Obesity and Afib:

Maintaining a healthy weight is very important for your health. Obesity is linked to high blood pressure, diabetes, and heart disease. Obesity causes inflammation and other changes within the heart which causes Afib to worsen. Obesity is one of many Afib risk factors that can be changed! In fact, people have reported their Afib symptoms and episodes became better after weight loss.

Below you will find tips on how to lose weight. If you are already at a healthy weight, you can use these tips to practice good eating habits to maintain your weight. Please ask your doctor if you need more resources, or would like to speak with a dietitian to come up with a healthy eating plan.

BMI- Body Mass Index

BMI is a measure of the amount of body fat for most people. BMI is used as a screening tool to check whether an adult is at a healthy weight. You can find BMI calculators online, or you can ask your doctor what your BMI is.

<table>
<thead>
<tr>
<th>BMI</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18.5 kg/m²</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 kg/m² to 24.9 kg/m²</td>
<td>Healthy</td>
</tr>
<tr>
<td>25.0 to 30.0 kg/m²</td>
<td>Overweight</td>
</tr>
<tr>
<td>Greater than 30.0 kg/m²</td>
<td>Obesity</td>
</tr>
<tr>
<td>Greater than</td>
<td>Extreme obesity</td>
</tr>
</tbody>
</table>

- People with BMIs in the overweight range or greater ( >25.0 kg/m²) have an increased risk of type 2 diabetes, high blood pressure, and heart disease.

- In the Framingham Heart Study, every unit increase in BMI was linked with a 4 - 5% increase in Afib risk.
Living with Atrial Fibrillation

Tips for Weight Loss

1. **Set realistic goals**
   Learn what your BMI is. Make reasonable, short-term goals, like “I will make lifestyle changes which will help me lose (and keep off) 3-5% of my body weight.” Short-term goals can keep you on track toward your long-term goals.

2. **Understand what you eat and why you eat.**
   Use a food diary or tracking app to understand what, how much, when and why you eat (eating because you are hungry, emotional, or bored?). Being mindful of your eating habits can help you change them in a positive way.

3. **Manage portion sizes.**
   Be mindful of your body’s needs and pay attention to hunger when eating. Spend 20-30 minutes eating your meal so that you give time for your body to feel satisfied before you decide to eat more. Serving smaller portions can help prevent over-eating. Use smaller plates, bowls, and serving spoons.

4. **Cook and eat at home.** You will have more control over what goes in your food and how it is prepared.

5. **Make Smart choices**
   Read nutrition labels and choose food with lower amounts of sodium, sugars, saturated fat, and no partially hydrogenated oils. Eating healthy snacks, fruits, vegetables, and whole grains can help keep you fuller longer.

6. **Increase physical activity!**
   Physical activity is anything that gets your heart rate up, like walking. Aim for at least 150 minutes of moderate activity a week. Even 10-minute blocks count towards your goal!


Accessed July 1, 2018
Healthy Eating Tip Sheet

**Healthy Food Choices**

**Aim to:**

- ✓ Drink plenty of water.
- ✓ Eat a variety of foods.
- ✓ Eat protein with every meal (example low-fat dairy, eggs, lean meats, legumes).
- ✓ Eat whole grains, nuts, and beans.
- ✓ Eat fruits and vegetables.
- ✓ Eat monounsaturated and polyunsaturated fats (canola, peanut, soybean, olive oils, liquid or soft tub margarines, walnuts).
- ✓ Eat fish, skinless poultry, and plant-based options.
- ✓ Eat low-fat dairy products.

**Minimize:**

- ✓ Artificially processed foods with additives (no fat dressings, no fat mayonnaise)
- ✓ White (white sugar, white breads, white pasta)
- ✓ Sugary drinks (juice, soda)
- ✓ Alcohol
- ✓ Deep fried foods

**Healthy eating behaviors**

**Aim to:**

- ✓ Stop eating when you feel satisfied.
- ✓ Have a consistent schedule for meals.

**Minimize:**

- ✓ Going hungry
- ✓ Skipping meals
- ✓ Grazing constantly between meals
- ✓ Eating late at night
SUBSTANCE USE

Alcohol:

Alcohol, when consumed in moderation, has minimal effect on atrial fibrillation. The recommended limit for alcohol consumption is 1 drink daily for women, and 2 drinks daily for men. One drink is considered 12 oz beer, 5 oz wine, or 1.5 oz of liquor. Drinking large amounts of alcohol or binge drinking can trigger Afib. Binge drinking is considered more than 4 drinks in a sitting for women, and 5 drinks in a sitting for men. Not only can binge drinking trigger Afib, it can also interfere with blood thinning medications, and increase the risk for bleeding.1,2

Caffeine:

Caffeine is a stimulant found in coffees, teas, chocolate, and energy drinks. Caffeine in large amounts can increase the heart rate and blood pressure. Caffeine should be limited to no more than 300 mg per day which equates to around 3 cups of coffee. If you experience palpitations or an increased heart rate after consuming caffeine, you should limit caffeine.3

Illegal substances:

Many recreational drugs, such as cocaine and marijuana, are considered stimulants. These drugs can irritate the heart, causing many irregular rhythms, such as atrial fibrillation. It is recommended that all patients should avoid the use of illegal substances.4
Living with Atrial Fibrillation

Smoking:

Damage from smoking causes the heart to beat faster and can cause oxygen levels lower in the blood, which can trigger atrial fibrillation. Smoking increases the chances of heart disease and can decrease your overall health and well-being.5

Resources:

If you need help with quitting smoking – Consult with your provider about assistance with smoking cessation. The QuitlineNC is free service for North Carolina residents to assist with quitting smoking. http://www.QuitlineNC.com or call 1-800-QUIT-NOW.

If you need help with quitting alcohol - The Substance Abuse and Mental Health Services Administration (SAMHSA) is a service line patients can call to receive assistance with quitting drinking. https://www.samhsa.gov/find-help/national-helpline or call 1-800-662-HELP.

References:


Herbal Supplements and Over-the-Counter Medications

Herbal Supplements:

Herbal remedies and supplements are used by millions of people. Since they are natural, many people think these products are safe. Because they are considered “food products,” they are not required to have the same safety testing as traditional medications. Little is known about how they are used and cleared through the body.

Many herbal products can have dangerous effects and interact with your medications. The potency (strength) and ingredients can be different from one company to another, and serious side effects may not be reported to the FDA.

Effects on the heart: Herbal products can increase the risk of bleeding, cause heart rhythm problems, or interact with your medications. While there are many herbal products available, here are some common ones to avoid:

<table>
<thead>
<tr>
<th>Herbal remedy:</th>
<th>Possible Side Effect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ginseng, Ginkgo biloba, Echinacea, Licorice, Hawthorne, St. John’s Wort</td>
<td>Increased risk of dangerous heart rhythms</td>
</tr>
<tr>
<td>Ginseng, Ginkgo biloba, Garlic, Licorice, Hawthorne, Saw Palmetto, St. John’s Wort</td>
<td>Increased risk of bleeding</td>
</tr>
<tr>
<td>Grapefruit/grapefruit juice</td>
<td>Increased effect of some heart medications which can lead to abnormal rhythms, low blood pressure, or muscle/liver damage</td>
</tr>
</tbody>
</table>

**This is not a complete list, as there are many supplements available with limited safety testing. Please discuss with your provider before taking herbal remedies.**
Living with Atrial Fibrillation

Over-the-counter medications for pain or fever:

Avoid NSAIDS (non-steroidal anti-inflammatory drugs) because they can increase the risk of bleeding for people who take blood thinners. NSAIDS should also be avoided if you have heart failure. Instead, try to use acetaminophen (Tylenol).

Common NSAIDS are ibuprofen (Advil, Motrin), naproxen (Aleve), or celecoxib (Celebrex).

Over-the-counter medications for colds/cough:

You may use regular strength formulation of most cold/cough products (Robitussin, Delsym, Nyquil, Mucinex). Other safe remedies that you can try are saline nasal spray, cough drops, or increasing humidity. Be sure to rest and drink plenty of fluids.

Avoid decongestants because they can act as a stimulant and raise your blood pressure and heart rate. Examples of decongestants are pseudoephedrine, ephedrine, phenylephrine, naphalozine, oxymetazoline.

- Pseudoephedrine is found in Sudafed, Mucinex –D.
- Phenylephrine is found in Advil Cold and Sinus, Tylenol Cold and Sinus, Mucinex Sinus Max, DayQuil Severe, Vicks Sinex.

**This is not a complete list. Read labels carefully and ask your provider or pharmacist if you have any questions.

Important Points:

- Tell all medical providers about prescribed medications, over the counter medications, and any herbal products and supplements that you use.
- Talk to your provider before you start any new herbal products and supplements.
- If you discuss a supplement and decide to start taking a product, look for “USP” or “US Pharmacopeia” on the label as a marker of quality control standards.

References:

Living with Atrial Fibrillation

NOTES: