Living With Atrial Fibrillation (Afib)
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Atrial Fibrillation (AFib, AF) Transitions of Care Network

Atrial fibrillation 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). AF has many causes and risk factors, and AF treatment is different from person to person.

The AF Transitions of Care Network at the University of North Carolina aims to teach patients about AF, manage AF, and organize AF treatment. Patients will be given an appointment to be seen in the clinic within 72 hours of initial evaluation by a provider. Patients will be seen by clinical pharmacists or nurse practitioners with direct supervision from a cardiologist. Together, a personalized treatment plan will be made and communicated to primary care doctors. It is our hope that providing a specialized AF clinic will give AF patients the best possible outcomes.

Goals of the AF Transitions Clinic:

- Teach patients about AF and how to self-manage AF as a chronic disease
- Provide complete care of AF with treatment of risk factors
- Manage illnesses that may worsen AF or lead to heart problems (e.g. high blood pressure, sleep apnea)
- Organize overall care and work on treatment plans in partnership with primary care doctors
- Make referrals to other specialty doctors as needed
- Reduce emergency room or hospital visits
- Provide an easy access clinic for patients sent home from the Emergency Room
Overview of Atrial Fibrillation (AF, 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.

mykentuckyheart.com
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.
- Afib is more common in older adults.
- **Risk Factors:** 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

- People with Afib often have more than 1 risk factor.
- Your doctors should work together to treat your risk factors.

For example:

- High blood pressure - keep blood pressure under control with medicines, diet, exercise
- Diabetes - check blood sugars, keep under control with medicines or diet
- Sleep apnea - important to treat and use CPAP/BIPAP machine
- Thyroid disease - keep thyroid levels in normal range
- Follow a heart healthy diet and exercise regularly
- Avoid “triggers:” Alcohol, caffeine, mental / emotional stress
Types of Afib - What Type Do You Have?

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

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

What Are Symptoms of Afib?

Afib feels like...

- Pounding in my chest.
- Thumping in my chest.
- Fish flopping in my chest.

Afib causes different symptoms in different people. Some people have no symptoms from afib, while others feel very badly from afib.

Common symptoms of afib are listed below. Which symptoms do you have?

- 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
What are the Dangers of AFib?

- **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. **Increased mortality**:

- **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.

**AFib & Stroke**:

One of the biggest dangers of afib is having a stroke.

- When the upper chambers fibrillate (quiver), blood is not pumped through the heart as well.
- Blood can pool and form clots.
- These clots can travel anywhere in the body, like the brain, which causes stroke.
- Anticoagulants (blood thinner medications) help stop clots from forming.

**Examples** of blood thinners are:

- Aspirin
- Apixaban (Eliquis)
- Clopidogrel (Plavix)
- Dabigatran (Pradaxa)
- Edoxaban (Savaysa)
- Prasugrel (Effient)
- Rivaroxaban (Xarelto)
- Warfarin (Coumadin)

- Surgeries are available but used less often, and only for certain people

- When taking blood thinners, do not do things that can lead to injury or major bleeding (rock climbing, working on the roof of your house). If you have any abnormal bleeding or bruising, notify your doctor right away.

- Not everyone needs a blood thinner. Your doctor will see if you need a
Diagnosis of AFib

- Afib is diagnosed by an electrocardiogram (EKG) at the doctor’s office. An EKG records the rhythm of your heart.
  
  ![EKG Example]
  
  Normal rhythm (it is regular)          Afib (it is not regular)

- Afib can also be diagnosed by a heart monitor that is worn for many days. This is helpful because the monitor records your heart rhythm day and night, and gives your doctor information about how much afib you have over time.

AFib Treatment

Afib treatment aims to:
  - Prevent stroke and other complications
  - Keep the heart rate from going too fast
  - Keep the heart in normal rhythm (if Afib causes symptoms)
  - Make people feel better and improve quality of life

Preventing stroke:

Stroke can be prevented with blood-thinner medications. Talk to your doctor to see if you need to take a blood thinner. There are surgeries that can reduce the risk of stroke, but they are only done for certain patients. See page 7 for more information on stroke.

Heart Rate Control:

Heart rates in Afib may be faster than normal. Fast heart rates over time can lead to heart failure (weakening of the heart muscle) or symptoms (shortness of breath, pounding heart). You may be given a medicine to slow down your heart rate.

Examples of medications to slow down heart rate include beta-blockers (metoprolol, atenolol, carvedilol), calcium channel blockers (diltiazem, verapamil) or digoxin. Some patients may need a pacemaker to help control heart rate.

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 due to AFib.
Ways to put the heart back to 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 starts regular heartbeats.

- 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 doctor may decide to try a different medication or use it with a procedure, like a cardioversion or ablation.

Examples of antiarrhythmic medications are:

- Flecainide (Tambocor)
- Dronedarone (Multaq)
- Sotalol (Betapace)*
- Amiodarone (Pacerone, Cordarone)
- Dofetilide (Tikosyn)*
- Propafenone (Rythmol)

*Tikosyn and Sotalol have to be started in a hospital where your heart rhythm and kidney function will be monitored for the first 3 days of treatment.

- 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 catheter to place lesions (burns) on the inside of your heart to stop the afib. Ablation is usually done when medications alone do not work to control Afib.

Ablation works about 60-80% of the time. Since it is a procedure, there are risks. Patients may need more than one procedure over time to stay in normal rhythm.
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 complications. 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:

- Keep your risk factors under control (blood pressure, diabetes, weight, thyroid problems, etc.)
- 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)
How To Tell When You Are In Afib & What To Do About It

❖ Step 1: Recognize your Afib symptoms

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: 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!
- 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 BY HAND

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 two 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 down:

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

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
- To get an EKG to confirm Afib
- Routine follow-up

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
- Weak/cold sweat/clammy
- Medication side-effects (bleeding, overdose)

The bottom line is, listen to your body!
**Make A Plan for AF 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.**

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**Summary:**

- Afib symptoms are different from person to person- you must learn your own Afib symptoms.

- Checking your pulse is a good way to tell if you are in Afib.

- If it’s your “normal Afib,” follow your plan- having a plan can help reduce stress and help you get through the episode.

- See your doctor if your afib gets worse, and seek emergency care for severe symptoms.
Atrial Fibrillation and Exercise:

One of the most common concerns patients with Afib have is whether it is okay to exercise, even during an Afib episode. The answer is YES! As long as you are not feeling bad, then it is okay to exercise.

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

This section discusses exercise for Afib patients. This is to be used as a general guideline; please ask your doctor about specific recommendations for you.

How Does AFib Affect Exercise?

- AFib can reduce the function of the heart.
- Sometimes exercise can make the heart go out of rhythm or beat very fast.
- Some medications that treat AFib can slow down your heart rate. This can make you tire easily.

How Much Exercise Should You Get?

- At least 30 to 40 minutes of moderate physical activity 4-5 times per week. You can exercise in 10- or 15-minute intervals- it all adds up!
- Increase daily activities and minimize “screen time” (sitting in front of TV or computer)

What Counts as Exercise?

Anything active that gets your heart rate up!

- Walking the dog
- Working in the garden
- Doing yardwork
- Washing the car
- Walking in the mall
Exercise safety 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 because it is irregular. Push yourself until your level of exertion is "somewhat hard" but you can still speak a full sentence without gasping.

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.

3. Low-impact, aerobic activity. Light, repetitive weight-lifting is better than heavy weight lifting where you are holding your breath and grunting.

4. Wear proper exercise safety gear. If you’re on a blood-thinning medication, it’s important to avoid activities that can cause bleeding when you’re working out. Pay attention to safety while lifting weights.

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

6. Proper warm-up/cool-down, stretch before and after activity. Take time to warm up (walk slowly for 5-7 minutes before and after exercise). Stretch before and cool down/stretch afterwards. This helps prevent injury.

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. Do not exercise outdoors when it is too cold, hot, or humid.

In summary…

It generally is okay to exercise with Afib if you feel up to it. Be sure to talk to your doctor about any specific restrictions, but the main thing is to start gradually, do what you can tolerate and listen to your body. If you feel dizzy or lightheaded during exercise, stop right away and cool off.
Top 10 Actions You Can Take:

1. Learn what Afib is and what it is not.
2. Know your risk factors for Afib and keep them under control.
3. Know what type of Afib you have.
4. Learn about your medicines (what they are for, side effects to look out for).
5. Learn how to recognize when you are in Afib (what are your symptoms, check your pulse).
6. Know your “AF Plan” (what to do if you have an AF episode).
7. Know when to seek medical attention for AF.
8. Eat healthy foods like vegetables, fruit, whole grains, and fats.
10. Get active and exercise.

Resources

Websites:
http://HRSonline.org

References:

American College of Sports Medicine, http://www.acsm.org/access-public-information/articles/2012/01/19/exercising-with-coronary-heart-disease

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