

Atrial Fibrillation (AF)

Arrhythmia is the medical term for an abnormal heart rhythm or irregular heart beat. There are many types of arrhythmia.

AF is a common type of arrhythmia. In Canada, about 350,000 people have it. Even if the person doesn't feel the fast, irregular heart beat it's still serious because it can lead to other problems, such as stroke and heart failure.

AF affects everyone differently. One person with a fast heart rate may not feel well. Another person won't feel the AF at all.

AF is common among older adults. However, AF with no known heart disease is more common in people under 60 years. About one out of every 10 people over the age of 80 has AF. About 1 out of every 1000 people under the age of 50 has AF.

Symptoms of AF

With AF the heart is pumping quickly and irregularly. This can cause symptoms that affect people in different ways.

Some **common symptoms** may include:

- + Palpitations or feeling like your heart is racing (beating very fast).
- + Feeling very tired/fatigued or having no energy.
- + An irregular heart beat or pulse rate.
- + Feeling short of breath or weak with little physical effort

- + Sweating.
- + Feeling anxious.
- + Trouble concentrating.

Less common symptoms include:

- + Nausea.
- + Fainting or temporary loss of consciousness
- + Urinating more (passing water).
- + Everyone is different and should be treated based on what bothers them.

Some people have no symptoms. The condition may be first noted when a healthcare provider finds that the person's pulse or heart rate is irregular. Even if the person has no symptoms and the doctor suspects AF, it's important to have it investigated and treated. After one episode of AF, some people may not have another for weeks, months, or years. However, even one episode means that they are at higher risk of having AF later on.

WHAT ARE THE COMMON CAUSES OF AF?

Apart from age certain conditions make people more likely to develop AF:

- + High blood pressure
- + Heart valve disease
- + Diseases of heart muscle (Congestive Heart Failure)

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- + Having previous heart attack
- + Blockage in the arteries of the heart
- + Heart defects you were born with
- + Heart surgery
- + Inflammation of the heart muscle or of the sack that surrounds the heart
- + Other arrhythmias
- + Sleep apnea
- + Lung disease
- + Viral illness

Triggers

If you are at higher risk for AF, one or more triggers can cause an episode. These triggers include:

- + Exercising too hard
- + Drinking too much alcohol
- + Very stressful environment
- + Drinking more than three 8oz. cups of coffee
- + Energy drinks
- + Dehydration
- + Nicotine or cigarettes
- + Not getting enough sleep
- + MSG (Monosodium Glutamate)

HOW IS AF DIAGNOSED?

Your medical history will be taken and one or more tests will be ordered. The most common tests are:

- + Electrocardiogram (ECG/EKG) is tracing that helps to identify an arrhythmia.
- + Echocardiogram is an ultrasound image that shows the structure of and any abnormalities in the heart's structure and valves and their movement.
- + Blood test.
- + Holter monitor is a device that records your heart's electric activity. The heart rhythm and rate can be assessed while you do your usual activities.

IS AF HARMFUL OR DANGEROUS?

AF is usually **NOT** a life-threatening condition. Many people who have it live regular and active lives. However, AF can lead to serious problems. This is why it is important for people with AF to be followed by a doctor or nurse practitioner so that their condition can be treated and monitored.

The most serious complications of AF are stroke, heart failure, and a decreased or poorer quality of life.

Stroke is a sudden lack of blood flow to the brain most often caused by a blood clot that breaks loose from the heart chambers and travels to the brain. About 15% of all strokes are due to AF. In about half of cases, the person will have some kind of permanent disability. The risk of forming a blood clot and stroke can be reduced by a medicine that “thins” the blood called blood-thinners or anticoagulants.

Heart failure is a condition when the heart can't pump enough blood to meet body's needs, either because it is weak or it can't contract properly. This can lead to congestion in lungs and other tissues. Some people with AF find that their symptoms prevent them from doing their usual activities or activities they enjoy. Some people have to go to emergency department or urgent care center often, which also reduces their enjoyment of life. We call this having poorer quality of life.

WHEN TO GET HELP

Go to the nearest Emergency Department

if you can't do your usual activities and you are:

- + Dizzy, feel faint, weak, or unusually tired.
- + Short of breath for several hours or have chest pain.

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In summary

AF affect's everyone's quality of life differently. It is not always related to how often you have an episode or how long it lasts – it often depends how serious your symptoms are. Many people with AF live a normal life. Managing the symptoms related to AF is an important part of living a normal life with AF. The goal of AF therapy is to: - decrease and relieve symptoms; - improve well – being; - reduce the need for/number of hospital visits; -reduce risk of stroke.

RELEVANT RESOURCES

<http://www.heartandstroke.ca/heart/conditions/atrial-fibrillation>

TO LEARN MORE ASK

- + Your family doctor.
- + HealthLinkBC - call 8-1-1 (7-1-1 for deaf or hard of hearing) or go online to www.HealthLinkBC.ca

RECOMMENDED FOLLOW UP

- Follow up with your primary care provider in ___ days.

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Find this information sheet on the BC Emergency Medicine Network website:

www.bcemergencynetwork.ca/clinical_resource/atrial-fibrillation/

bcemn.ca

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