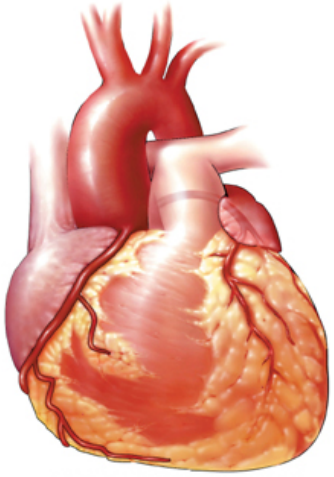
Atrial Fibrillation
(Irregular Heart Beat)

Your caregiver has diagnosed you with atrial fibrillation (AFib). The heart normally beats very regularly; AFib is a type of irregular heartbeat. The heart rate may be faster or slower than normal. This can prevent your heart from pumping as well as it should. AFib can be constant (*chronic*) or intermittent (*paroxysmal*).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CAUSES

Atrial fibrillation may be caused by:

- Heart disease, including heart attack, coronary artery disease, congestive heart failure, diseases of the heart valves, and others.
- Blood clot in the lungs (*pulmonary embolism*).
- Pneumonia or other infections.
- Chronic lung disease.
- Thyroid disease.
- Toxins. These include alcohol, some medications (such as decongestant medications or diet pills), and caffeine.

In some people, no cause for AFib can be found. This is referred to as Lone Atrial Fibrillation.

SYMPTOMS

- Palpitations or a fluttering in your chest.
- A vague sense of chest discomfort.
- Shortness of breath.
- Sudden onset of lightheadedness or weakness.

Sometimes, the first sign of AFib can be a complication of the condition. This could be a stroke or heart failure.

DIAGNOSIS

Your description of your condition may make your caregiver suspicious of atrial fibrillation. Your caregiver will examine your pulse to determine if fibrillation is present. An EKG (*electrocardiogram*) will confirm the diagnosis. Further testing may help determine what caused you to have atrial fibrillation. This may include chest x-ray, echocardiogram, blood tests, or CT scans.

PREVENTION

If you have previously had atrial fibrillation, your caregiver may advise you to avoid substances known to cause the condition (such as stimulant medications, and possibly caffeine or alcohol). You may be advised to use medications to prevent recurrence. Proper treatment of any underlying condition is important to help prevent recurrence.

PROGNOSIS

Atrial fibrillation does tend to become a chronic condition over time. It can cause significant complications (see below). Atrial fibrillation is not usually immediately life-threatening, but it can shorten your life expectancy. This seems to be worse in women. If you have lone atrial fibrillation and are under 60 years old, the risk of complications is very low, and life expectancy is not shortened.

RISKS AND COMPLICATIONS

Complications of atrial fibrillation can include stroke, chest pain, and heart failure. Your caregiver will recommend treatments for the atrial fibrillation, as well as for any underlying conditions, to help minimize risk of complications.

TREATMENT

Treatment for AFib is divided into several categories:

- Treatment of any underlying condition.
- Converting you out of AFib into a regular (*sinus*) rhythm.
- Controlling rapid heart rate.
- Prevention of blood clots and stroke.

Medications and procedures are available to convert your atrial fibrillation to sinus rhythm. However, recent studies have shown that this may not offer you any advantage, and cardiac experts are continuing research and debate on this topic.

More important is controlling your rapid heart beat. The rapid heart beat causes more symptoms, and places strain on your heart. Your caregiver will advise you on the use of medications that can control your heart rate.

Atrial fibrillation is a strong stroke risk. You can lessen this risk by taking blood thinning medications such as Coumadin (warfarin), or sometimes aspirin. These medications need close monitoring by your caregiver. Over-medication can cause bleeding. Too little medication may not protect against stroke.

HOME CARE INSTRUCTIONS

- If your caregiver prescribed medicine to make your heart beat more normally, take as directed.
- If blood thinners were prescribed by your caregiver, take **EXACTLY** as directed.
- Perform blood tests **EXACTLY** as directed.
- Quit smoking. Smoking increases your cardiac and lung (*pulmonary*) risks.
- **DO NOT** drink alcohol.
- **DO NOT** drink caffeinated drinks (e.g. coffee, pop, chocolate, and leaf teas). You may drink decaffeinated coffee, pop or tea.
- If you are overweight, you should choose a reduced calorie diet to lose weight. Please see a registered dietitian if you need more information about healthy weight loss. **DO NOT** USE DIET PILLS as they may aggravate heart problems.
- If you have other heart problems that are causing AFib, you may need to eat a low salt, fat, and cholesterol diet. Your caregiver will tell you if this is necessary.
- Exercise every day to improve your physical fitness. Stay active unless advised otherwise.
- If your caregiver has given you a follow-up appointment, it is very important to keep that appointment. Not keeping the appointment could result in heart failure or stroke. If there is any problem keeping the appointment, you must call back to this facility for assistance.

SEEK MEDICAL CARE IF:

- You notice a change in the rate, rhythm or strength of your heartbeat.
- You develop an infection or any other change in your overall health status.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop chest pain, abdominal pain, sweating, weakness or feel sick to your stomach *(nausea*).
- You develop shortness of breath.
- You develop swollen feet and ankles.
- You develop dizziness, numbness, or weakness of your face or limbs, or any change in vision or speech.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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