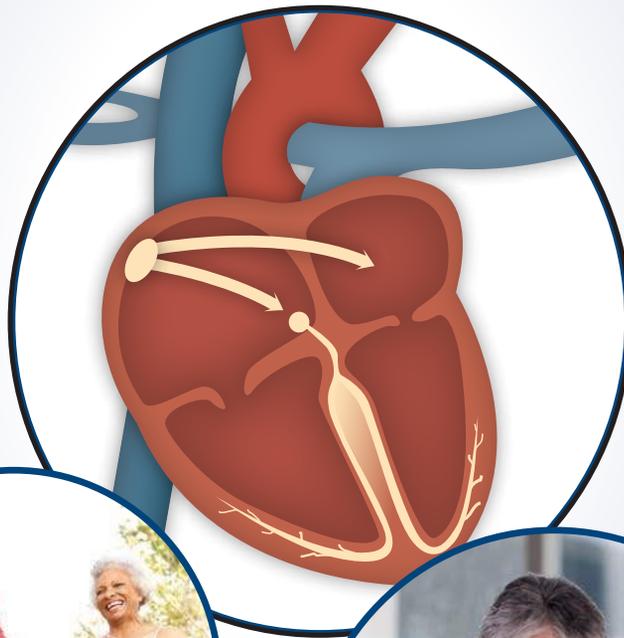


Atrial Fibrillation

The Beat Goes On **Living with AFib**



**Know
Your Heart.**

**Live
Your Life.**



**Know
Your Choices.**

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What is AFib?

This guide is for you if you have AFib, or if you are at risk for AFib. This guide is not meant to replace the important information you receive from your doctor or nurse.

The good news is that AFib can be controlled. Millions of people live a full life with AFib.



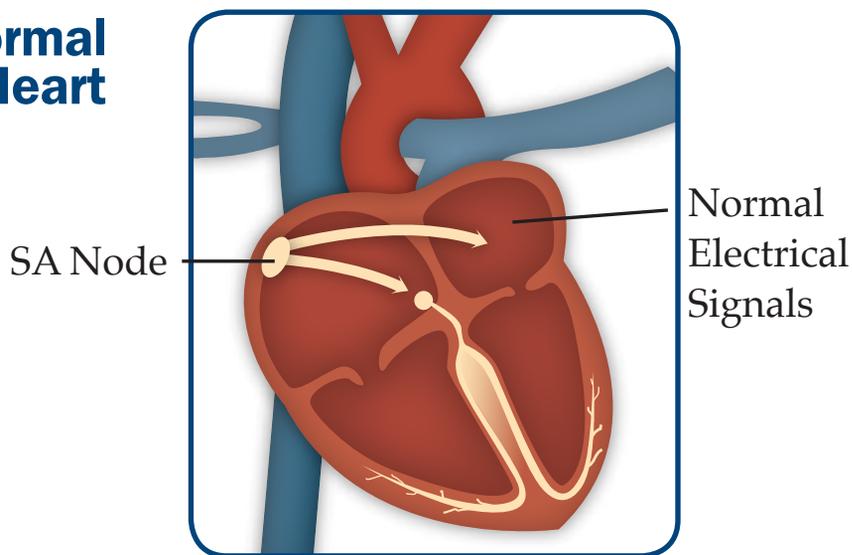
AFib is short for Atrial Fibrillation

(Ay-tree-yul Fib-ruh-lay-shin)

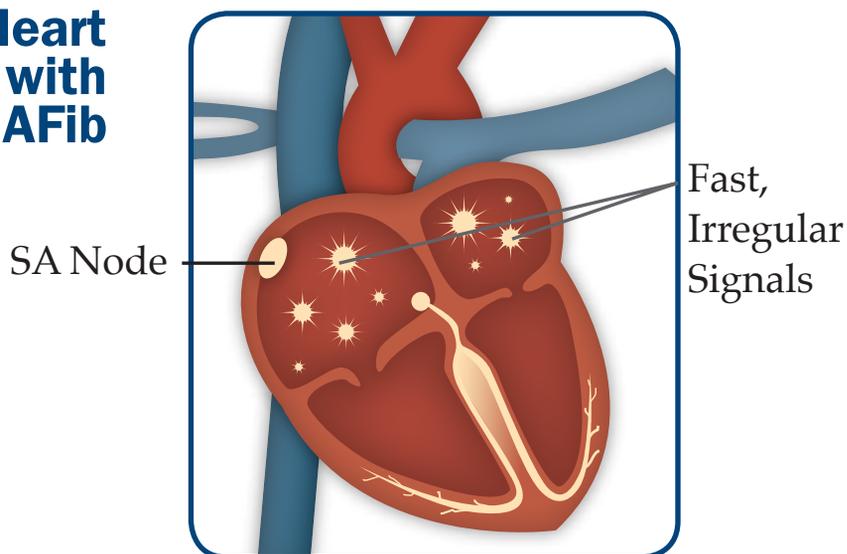
AFib is when your heart flutters, or beats unevenly.

A normal heart beat starts in the upper right chamber of the heart. An electrical signal starts the heart beat at the SA node. The beat travels down through the heart from there. With AFib, signals come from different places in the heart. It's kind of like a short circuit. It makes your heart beat irregularly. Your heart may beat faster, too.

Normal Heart



Heart with AFib



What are your risk factors?

- Age over 65
- Angina (chest discomfort)
- Heart failure
- Had a heart attack, heart bypass, or heart stents
- Heart valve problems
- High blood pressure
- Kidney disease
- Diabetes
- Thyroid problems
- A weight problem (obesity)
- Chronic lung disease
- Serious illness or infection
- More than one serving of alcohol each day



If you have any risk factors in this list, this increases your chance of having AFib. AFib could lead to stroke or heart failure.

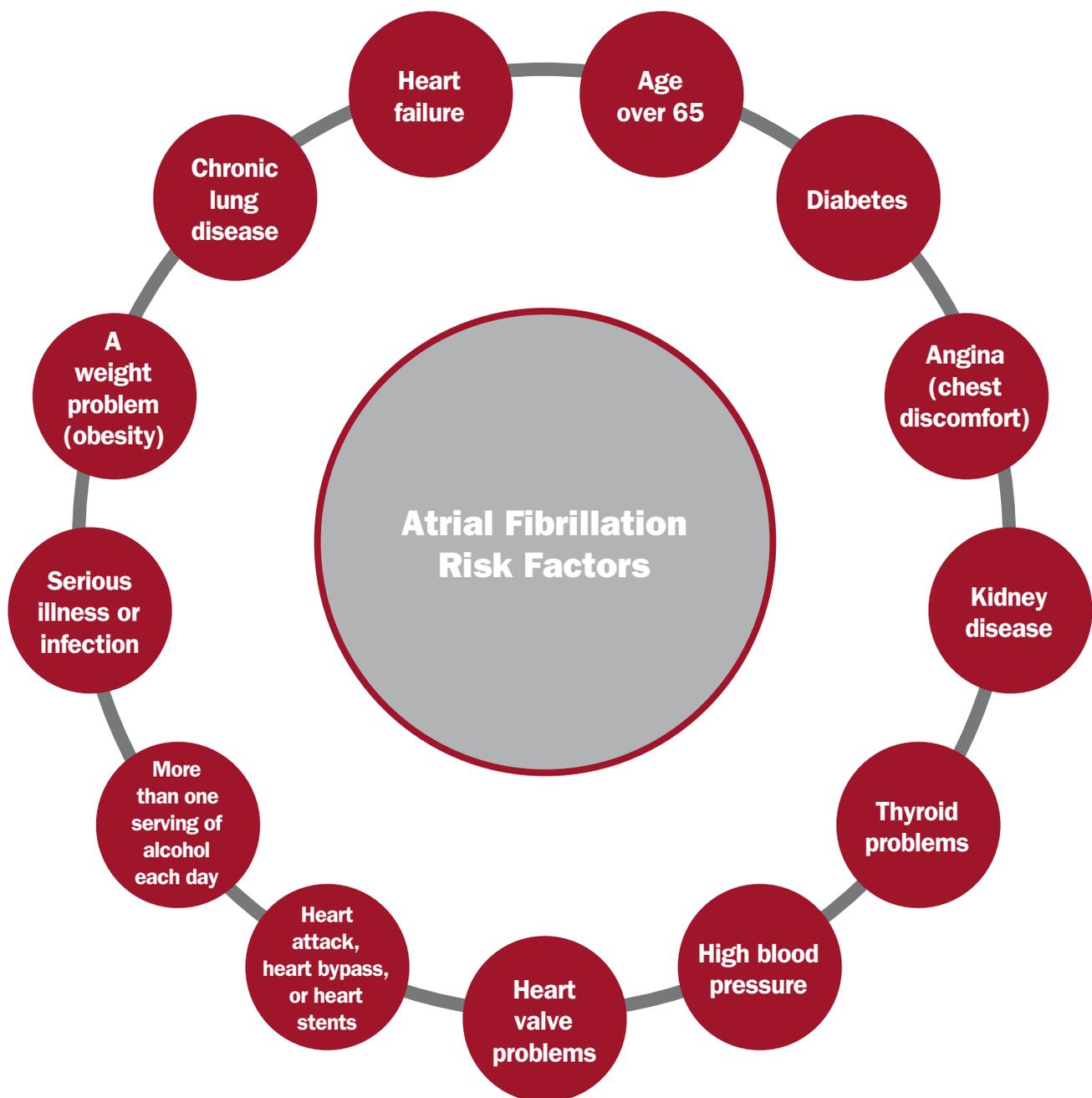


"Am I at risk for AFib?"

The risk for AFib goes up as we get older:

- 1 in 20 people over the age of 65 has AFib.
- 1 in 10 people over the age of 80 has AFib.

No matter what risk factors you have, AFib can be controlled. This guide will tell you about AFib and what you can do.

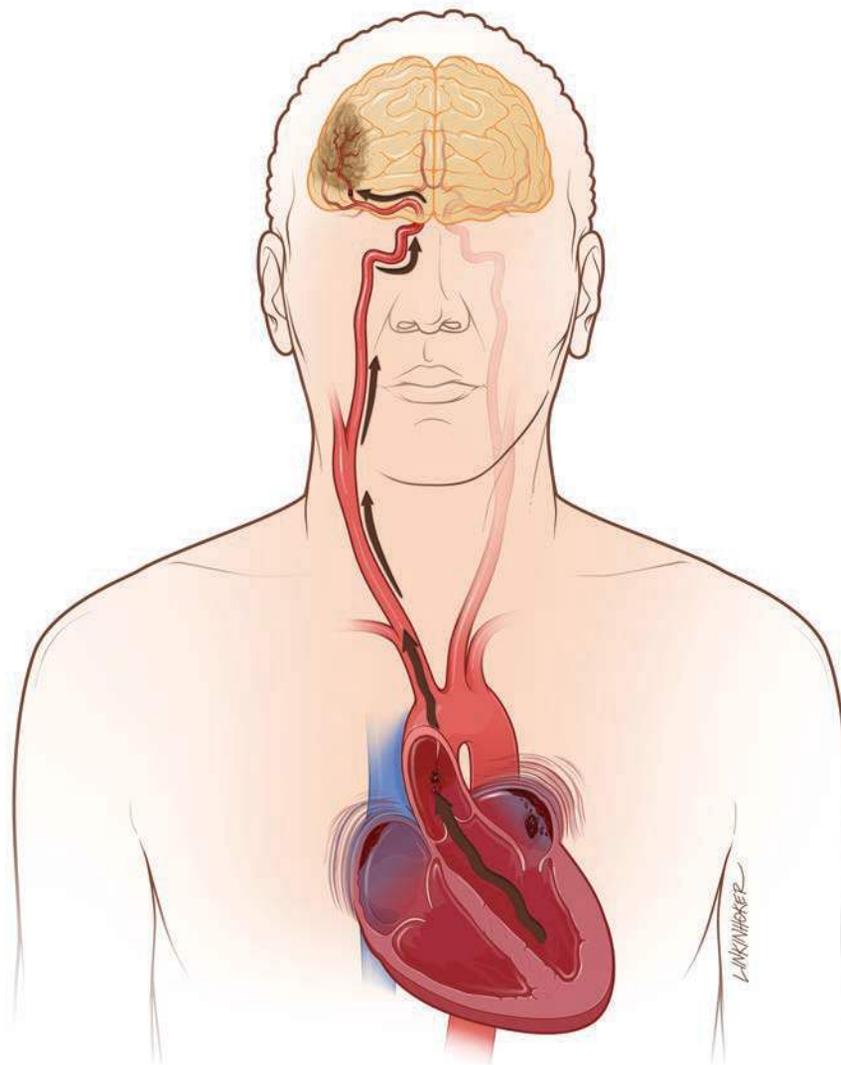


Why is AFib a problem?

AFib can lead to a stroke

The irregular heart beat can cause blood clots to form in the heart. The clots can break loose into the blood stream and move to the brain. This cuts off the blood supply to the brain and causes a stroke.

This picture shows how a blood clot can travel from the heart to the brain, causing a stroke.



Michael Linkinber, Link Studio, LLC for National Heart, Lung, and Blood Institute, National Institutes of Health.

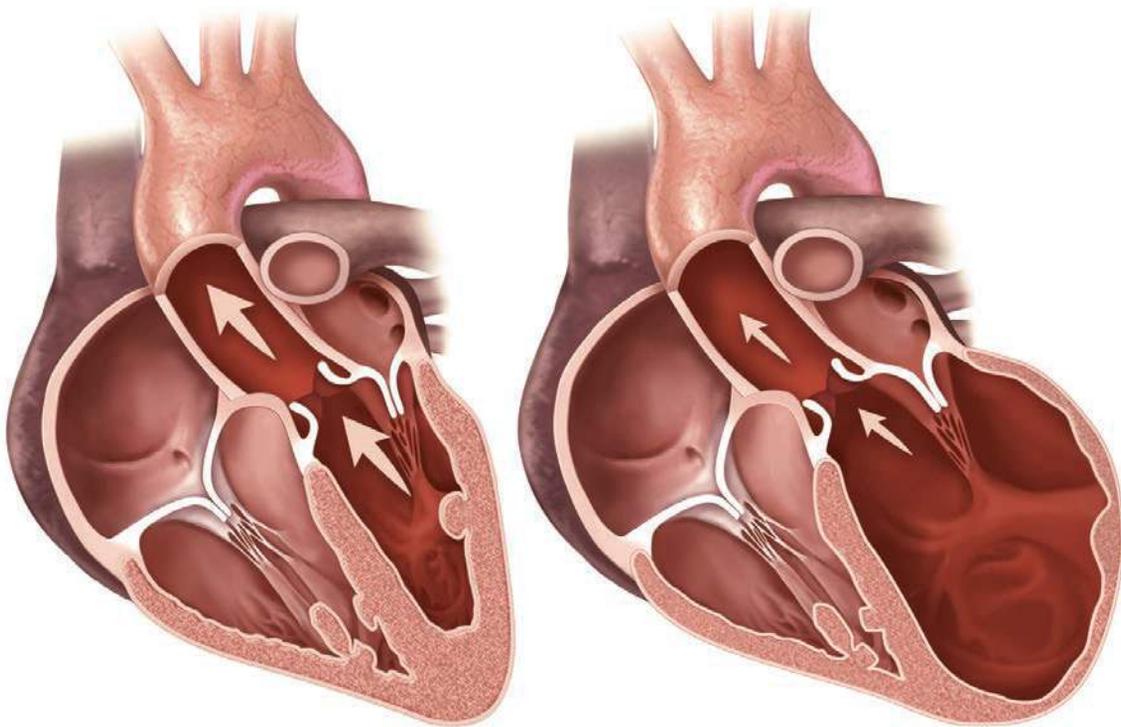
AFib can lead to heart failure

AFib sometimes makes the heart weak. This is called heart failure. If you already have heart failure, AFib may make it worse. However, treating your AFib may make your heart failure better.

This picture shows a normal heart and one with heart failure. See how the heart with heart failure is very large. It doesn't pump as well as the normal heart.

Normal

Heart Failure



How do I know if I have AFib?

Your doctor or nurse* can tell you if you have AFib. He or she will take your health history and give you a physical exam. There are tests to see if you have AFib.

Health history

Your doctor or nurse will ask about:

- any symptoms you have such as new or worse shortness of breath, or feeling very tired, even after sleeping or resting
- your history of heart or lung disease, high blood pressure, or thyroid problems
- your health habits, like smoking, drinking coffee or alcohol, and exercise

Physical exam

You will have a complete check-up and other tests for AFib.

* Nurse is used throughout this guide. However, your care may be provided by a nurse practitioner or a clinical nurse specialist.

“Do you know your health history?”



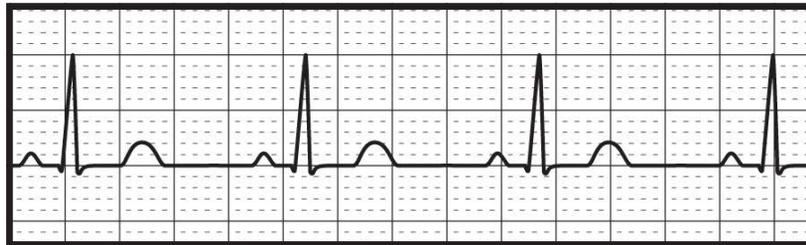
Tests for AFib

Monitor & echo tests

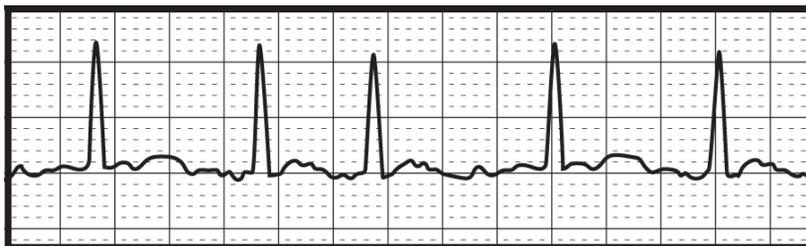
EKG (Electrocardiogram EKG or ECG)

The EKG records the electrical pattern of your heart. It will show if your heart beat is regular or not regular.

Normal heart beat (it is regular)

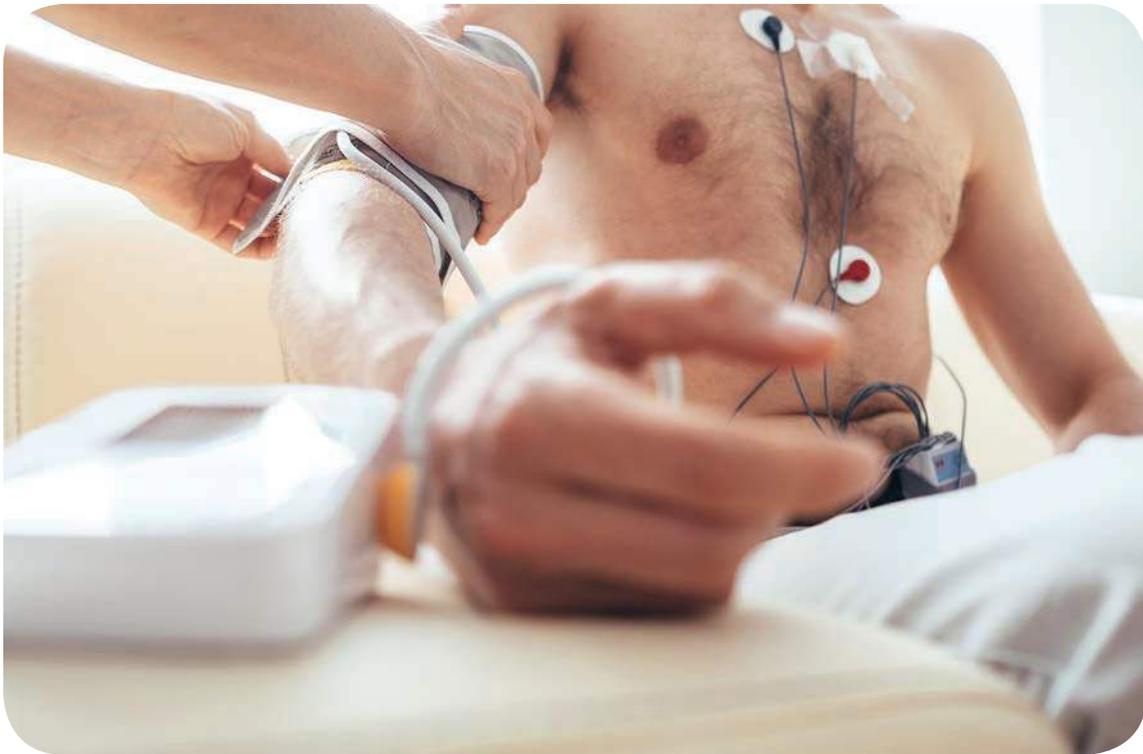


AFib heart beat (it is not regular)



Photos reused with permission by EKG CONCEPTS





Holter or Event Monitor

This is a monitor that is worn on your body for a period of time. It records your EKG and heartbeat. Your nurse or doctor will ask you to write down any symptoms you have while wearing it.

Echo (Echocardiogram)

The echo technician gently presses a wand on your chest. The wand takes pictures of your heart's chambers and valves while your heart is beating.

The echo also measures how strong your heart pumps.

Blood tests

Blood tests, such as thyroid and complete blood count, can also help to see why you have AFib.

Stress tests

Stress tests show if blood flow to your heart is normal during exercise. Most stress tests use a treadmill.

- **Basic treadmill test**

You walk on a treadmill to stress your heart. The treadmill gets faster and steeper every 3 minutes. A nurse or doctor will watch your EKG and your blood pressure. They will ask about any symptoms you have.

- **Echo stress test**

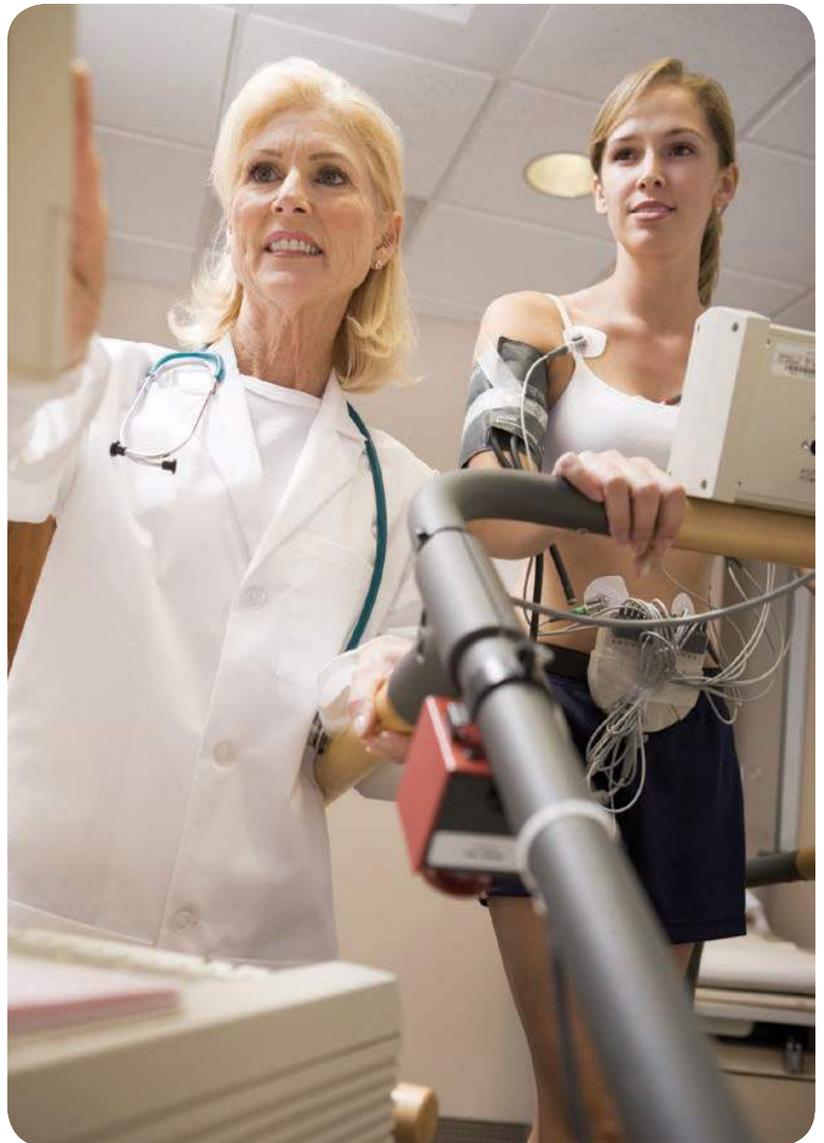
While you are resting, you will have an echo test. Then you walk on a treadmill to stress your heart. When you finish walking, you will have another echo to see how well your heart pumps blood.

- **Nuclear stress test**

You walk on a treadmill to stress your heart. Then you will be given a medicine through a vein in your arm that shows the blood flow to your heart.

What if I can't walk on a treadmill?

If you can't walk on a treadmill, your doctor can give you a medicine that works like exercise to stress your heart. Your doctor will decide which test is right for you.



Types of AFib

Are there different types of AFib?

Yes, there are several types of AFib.

The main ones are:

- paroxysmal
- persistent
- permanent

Paroxysmal (pair-rock-siz-mul)

- This type of AFib starts and stops suddenly. You may have symptoms for only seconds or minutes. Or the symptoms may last hours or days at a time.
- Your doctor will decide what treatment is best for you.

Persistent

- This type of AFib comes back and doesn't stop on its own.
- With persistent AFib, you need treatment to return the heart to a normal heart beat.

Permanent

- Permanent AFib continues even with treatment.
- The heart **won't** return to a normal heart beat.
- The goal of treatment is to control the heart rate to protect you from having a stroke.

Do you know what type of AFib you have?

Talk to your doctor or nurse about the types of AFib.

What does AFib feel like?

Some people do not feel anything or have any problems with AFib. But problems can include:

1. feeling dizzy or lightheaded
2. uneven, fluttering, or racing heart beat (palpitations)
3. feeling weak or tired
4. chest discomfort or tightness
5. feeling short of breath
6. sudden weight gain (examples: 2-3 pounds overnight or 3-5 pounds in a week)



What can I do if I have AFib?

1. **Get regular check-ups.** Your health care provider will advise you how often to be seen, and discuss medicines and other treatments.
2. **Take medicines as you are told** to help regulate your heart rhythm and to prevent strokes.
3. **Take your pulse every day.**
4. **Take care of yourself.** Follow the tips on page 19.

If you have AFib, it is important to talk to your doctor or nurse about what you can do. Keep track of questions you have and bring them to each appointment.



Treatments

Electrical cardioversion

This treatment can put your heart back into its normal beat. Your doctor will give you medicine to make you sleep for a few minutes. Then the doctor gives your heart a tiny electric shock. The electric shock stops the AFib and starts regular heart beats.

Catheter ablation

The doctor does a test to find the heart cells that cause your AFib. Then the doctor sends a signal through a thin wire straight to these cells that stops the AFib.

Pacemaker

A pacemaker is a small device inserted under the skin on your chest and has a wire that goes into your heart. The pacemaker can tell when your heart is beating too slow or too fast. It helps keep the heart beat regular. The pacemaker will stay in place and be checked regularly to make sure it is working properly.



Medicines

You will take some new medicines.

Medicines can help by:

- keeping your heart from beating too fast
- changing your heart to a normal beat
- preventing a blood clot and a stroke



Check your pulse daily

Check your heart beat or pulse every day. Also, be sure to check it when you have any of these symptoms:

- more shortness of breath than usual
- feeling lightheaded or weak
- fast or racing heart beat

How to check your pulse:

1. Place the pads of 2 or 3 fingers on the inside of your wrist, just below your thumb.
2. Press down until you feel your pulse. Be patient—it takes practice!
3. Talk with your health care provider about devices that can help you take your pulse at home.



Look for:

- Is your pulse regular?
- How many heartbeats do you have in a minute?

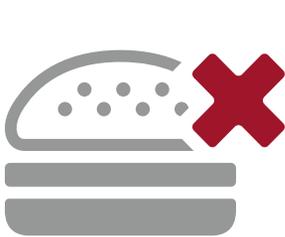
Call your nurse or doctor:

- if your pulse has been regular, and now it isn't
- if your pulse is over 100 beats a minute

Live a full life with AFib

Follow these tips:

- If you smoke, **quit**.
- **Don't** drink alcohol.
- **Exercise**. Walking 20–30 minutes a day is great exercise.
- Eat **lots** of fruits, fiber, and vegetables.
- Eat **very little** saturated fat and salt.
- **Learn** about your medicines.
- Do your best to **lower the stress** in your life.



Get rid of some stress

Stress can make any health problem worse, including AFib. Figure out what causes you stress and what you can do to relax.

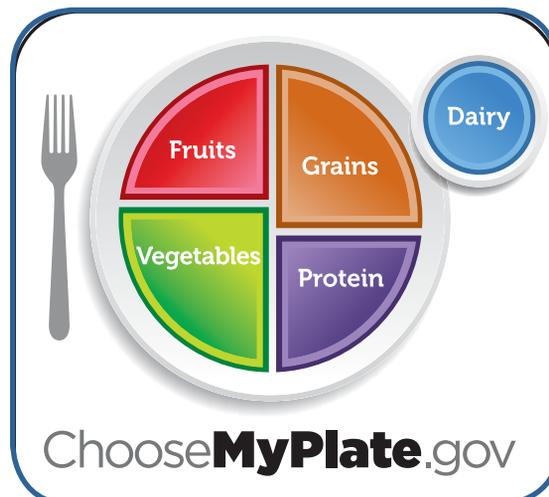
Try these tips:

1. Think positive. Focus on what you CAN DO, rather than on what you can't do.
2. Talk about your feelings and needs.
3. Meditate, read, listen to music, write in a journal.
4. Exercise daily.
5. Try massage, yoga, or tai-chi.
6. Spend time with family and friends.
7. Volunteer to help others.
8. It is OK to ask others for help.



Create a healthy plate

View tips and sample meal plans on this website.



Learn about your medicines

- It is very important that you know the exact names of the medicines and supplements you are taking. Keep an up-to-date list of all of them with you at all times.
- Tell **all** your health care providers that you have AFib. Tell them exactly which medicines you are taking. This is very important if you are taking medicines to lower your risk of blood clots and strokes.
- Consider a medical alert bracelet or other identification that includes the specific name of the medicines you take.
- If you have questions about your medicine, talk to your nurse, doctor or pharmacist.



Tips for taking medicines

- Talk with your nurse or doctor about making your medicine schedule simple.
- Use a weekly pillbox.
- Use a timer or alarm to help you take your medicine at the same time each day.
- If you don't feel well after taking a medicine, call your nurse or doctor.
- Never stop taking your medicine unless your nurse or doctor tells you to.
- Write on your calendar when you need to refill your medicines. Refill at least 1–2 weeks before you run out.
- Talk with your doctor, pharmacist, or nurse if the cost of your medications is a challenge.



Make a plan



"I can live a full life with AFib!"

Now it is time to make a plan, so you can live a full life with AFib.

Top 10 actions you can take

1. **Learn about AFib and how to prevent a stroke.**
2. **Know your risk factors** and how to lower your risk, such as taking medicines and managing chronic conditions.
3. **Ask your doctor or nurse what tests you might need.**
4. **Know what type of AFib you have** and what treatments are best for you.
5. **Take your medicines.** Know their names and why they are important.
6. **Check your pulse daily** and keep a record.
7. **Stop smoking.**
8. **Eat healthy foods** like vegetables, fruit, whole grains, and healthy fats. Limit saturated fat and salt.
9. **Be more active.** Ask if a cardiac rehabilitation program is right for you.
10. **See your doctor or nurse regularly and get your questions answered.** See page 24 for examples.

Questions for your doctor or nurse

- Why did I get AFib?
- Will I have this all of my life?
- How can you treat my AFib?
- How do these new medications work? How do they work with my other medicines?
- Do I need to change my diet?
- Can I drink alcohol or caffeinated beverages?
- Can I exercise?
- Is there anything that I should avoid? What about having sex?
- When should I call you?
- When should I call 911?

Make it a goal to ask your nurse or doctor all these questions. Check each one off once you understand the answer.



"We are learning to control our AFib."