

ATRIAL FIBRILLATION

Atrial fibrillation, also known as AFib or AF, is a common type of heart arrhythmia – a problem with the rate or rhythm of the heartbeat in which the heart can beat too quickly, too slowly or irregularly.

During AFib, the two upper chambers of the heart, called the atria, quiver quickly and irregularly (fibrillate) rather than beating efficiently. This creates sluggish movement of blood into the ventricles, which are the lower chambers of the heart.

AFib can cause blood to clot in the heart, leading to the possibility of stroke. It can also contribute to heart failure and fatigue.

At least 2.7 million Americans have AFib. It can happen rarely or intermittently, and it can become a long-term problem.

RISK FACTORS

The risk for AFib increases with age, and those who have a close relative with AFib have a greater risk of developing it. Other factors that can lead to AFib include:

- High blood pressure.
- Obesity.
- Diabetes.
- Heart failure.
- Ischemic heart disease.
- Hyperthyroidism.
- Chronic kidney disease.
- Heavy alcohol use.

Additionally, AFib can happen to otherwise healthy people because of stress, fatigue, heavy caffeine intake or strenuous exercise.

SYMPTOMS

A person who has AFib might not notice the symptoms, which can include:

- General fatigue.
- Rapid and irregular heartbeat.
- Fluttering or “thumping” in the chest.
- Dizziness.
- Shortness of breath and anxiety.
- Weakness.
- Faintness or confusion.
- Fatigue when exercising.
- Sweating.
- Chest pain or pressure.

DIAGNOSIS

The diagnosis of AFib is commonly confirmed through one of these methods:

EKG: An EKG is a test in which electrodes are attached to the chest in order to show how fast the heart is beating and its rhythm, as well as the strength and timing of electrical signals as they pass through the heart.

Holter monitor: The patient wears a small, portable, battery-powered EKG machine to record heartbeats for 24 to 48 hours during normal activities.

Event monitor: An event monitor, similar to a Holter monitor, is typically used for a longer period. A patient might use an event monitor that requires them to push a button when symptoms occur or the monitor might start automatically when it senses abnormality.

TREATMENT

Healthcare professionals can choose from a range of treatments for AFib. Medication can reduce the risk of blood clots and stroke; other medicines can help regulate the heart's rhythm. The doctor also might recommend that the patient's heart be given low-energy shocks to restore its normal rhythm.

Other options include:

Pacemaker or defibrillator implantation: These devices, installed under the skin on the chest, use electrical signals to help the heart beat properly.

Catheter ablation: A wire is threaded to the heart through a vein in the leg or arm and radio waves are used to break up tissue that might be obstructing electrical signals within the heart.

Maze procedure: A surgeon makes small cuts or burns in the atria. The scar lines prevent the disorganized electrical signals that cause AFib.

RESOURCES

The UK Gill Heart & Vascular Institute Heart Rhythm Program brings together a team that includes cardiac electrophysiologists, cardiovascular surgeons, cardiologists and cardiac anesthesiologists to consider which course of treatment is best for each individual patient. The Gill Institute is nationally recognized as a leader in advancing the treatment and prevention of cardiovascular disease.

For appointments or more information, call **859-323-0295** or visit ukhealthcare.uky.edu/gill/electrophysiology.

American Heart Association.

Provides information about diagnosis, treatment and living with AFib, as well as stories of those who have undergone successful treatment.

800-242-8721

www.heart.org