

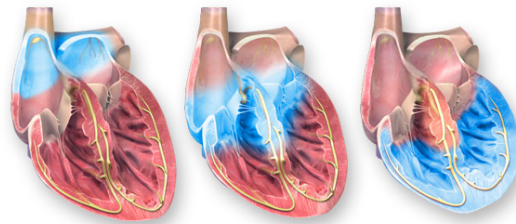


What Is Atrial Fibrillation?

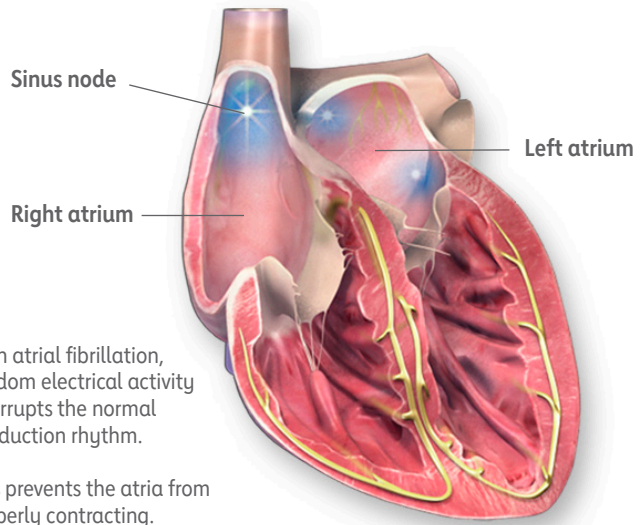
Normally, your heart contracts and relaxes to a regular beat. Certain cells in your heart, called the sinus node, make electrical signals that cause the heart to contract and pump blood. These electrical signals can be recorded using an electrocardiogram, or ECG. Your doctor can read your ECG to find out if the electrical signals are normal.

In atrial fibrillation, or AFib, the heart's two small upper chambers (atria) beat irregularly and too fast, quivering instead of contracting properly.

During AFib, some blood may not be pumped efficiently from the atria into the ventricles. Blood that's left behind can pool in the atria and form blood clots.



The illustrations above show normal conduction and contraction.



With atrial fibrillation, random electrical activity interrupts the normal conduction rhythm.

This prevents the atria from properly contracting.

How do I know I have atrial fibrillation?

Some people with AFib don't have symptoms. Some of the symptoms are:

- Fast, irregular heartbeat
- Heart palpitations (rapid "flopping" or "fluttering" feeling in the chest)
- Feeling lightheaded or faint
- Chest pain or pressure
- Shortness of breath, especially when lying down
- Tiring more easily (fatigue)

Can AFib lead to other problems?

You can live with and manage AFib. But when undetected or untreated, AFib can lead to other medical problems including:

- Stroke
- Heart failure
- Heart attack
- Sudden cardiac arrest

The risk of stroke is about five times higher in people with AFib. This is because blood can pool in the atria and blood clots can form.

What can be done to correct AFib?

Treatment options may include one or more of the following:

- Medication to help slow your heart rate, such as beta blockers, certain calcium channel blockers or digoxin
- Medication to restore normal heart rhythm, such as beta blockers or antiarrhythmics
- Procedures to stop or control the electrical impulses causing the AFib, such as electrical cardioversion or catheter ablation
- Anticoagulant or antiplatelet medications to prevent blood clots
- Pacemaker or other surgery

(continued)



Your treatment will depend on the underlying cause of your AFib, symptoms and level of disability.

How can I lower my risk of stroke?

You'll likely be prescribed anticoagulant or antiplatelet medications to prevent blood clots. Anticoagulants include warfarin and newer drugs referred to as non-vitamin K antagonist oral anticoagulants, or NOACs, including dabigatran, rivoraxaban, apixaban and edoxaban. Your stroke risk determines the type and dose of medications you'll be prescribed.

While on these medications:

- Tell all of your health care professionals, including your dentist and pharmacist, that you're taking them. This is important before you start taking a new medication or have any procedure that can cause bleeding.
- If you forget to take your daily dose, call your health care professional and follow their directions.
- Report any unusual bleeding, bruising or other problems to your health care professional right away.



If you have AFib, your health care professional may prescribe medications to help prevent clots.

HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1 (1-800-242-8721), or visit heart.org to learn more about heart disease and stroke.
- 2 Sign up for our monthly *Heart Insight* e-news for heart patients and their families at HeartInsight.org.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at heart.org/SupportNetwork.

Do you have questions for your doctor or nurse?

Take a few minutes to write down your questions for the next time you see your health care professional.

For example:

What should my pulse be?

What if I miss a dose of my medication?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk for heart disease, manage your condition or care for a loved one. Visit heart.org/AnswersByHeart to learn more.