



Living With Atrial Fibrillation

Resource Guide



CardioSmart[®]
American College of Cardiology



Living With Atrial Fibrillation



This program was sponsored by Janssen Pharmaceuticals, Inc.



AGENDA

- **About Atrial Fibrillation (AFib)**
- **Your Health Care Team & Doctor Visits**
- **Treatment for AFib**
- **Living with AFib**
- **Information for Caregivers**
- **Resources for Support**

ABOUT ATRIAL FIBRILLATION



You Are Not Alone in AFib

- **Atrial Fibrillation (AFib) is the most common type of heart rhythm disturbance (arrhythmia) in the United States¹**
 - **There were approximately 2.6 to 6.1 million people in the U.S. with AFib as of 2010²**
 - **By 2050, it is expected that AFib will affect nearly 5.6 to 12 million Americans²**
 - **The percentage of strokes attributable to AFib increases steeply from 1.5% at 50 to 59 years of age to 23.5% at 80 to 89 years of age³**

1. Fuster V, Rydén LE, Cannom DS, et al. 2011 ACCF/AHA/HRS Focused Updates Incorporated Into the ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation. *Circulation*. 2006;123:e269-e367.

2. Roger VL, Go AS, Lloyd-Jones DM, et al. Heart Disease and Stroke Statistics – 2012 Update: A Report from the American Heart Association. *Circulation*. 2012;125:e2-e220.

3. Wolf PA, Abbott RD, Kannel WB. Atrial Fibrillation as an Independent Risk Factor for Stroke: The Framingham Study. *Stroke*. 1991;22:983-988.

How the Heart Works

The job of the heart is to pump blood around the body as it “beats” or contracts. The blood pumped by the heart delivers oxygen and nutrients throughout the body.⁴



The human heart has four chambers. In a healthy heart, the atria are the receiving chambers that pump blood into the ventricles – the discharging chambers. The atria and ventricles work together to keep the heart pumping at a steady pace, maintaining healthy circulation throughout the body.⁴

4. Moore KL, Dalley AF, Agur AM. *Clinically Oriented Anatomy*. 6th edition. 2009.

What is Atrial Fibrillation?

- **Atrial fibrillation (or AFib) is a problem with your heart's rhythm⁵**
 - **AFib is typically characterized by chaotic, disorganized electrical activity in the upper chambers of the heart. When AFib occurs, the atria (upper chambers of the heart) fibrillate (beat very fast) resulting in an irregular heart rhythm⁵**
 - **AFib may be immediately recognized by sensation of palpitations or follow an asymptomatic period of unknown duration. Symptoms can range from palpitations to chest pain, dyspnea, fatigue, and lightheadedness¹**
 - **It is often not clear when patients first experience AFib, particularly in patients with minimal or no symptoms related to the arrhythmia¹**

5. Shea JB, Sears SF. A Patient's Guide to Living With Atrial Fibrillation. *Circulation*. 2008;117:e340-e343.

1. Fuster V, Rydén LE, Cannom DS, et al. 2011 ACCF/AHA/HRS Focused Updates Incorporated Into the ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation. *Circulation*. 2011;123:e269-e367.

Why Treat AFib?

- **AFib may not always be life-threatening; however, there is an increased risk of stroke and heart failure for some patients who have AFib⁵**
 - **When the atria are fibrillating and not pumping blood effectively, blood may pool in parts of the atria. A blood clot that forms and breaks loose could travel to the brain or heart, causing a stroke or heart attack⁵**
 - **Young patients with atrial fibrillation have a low risk of blood clots, but the risk increases in older patients⁵**
 - **People with AFib are up to *five times more likely* to have a stroke than people who do not have AFib³**
 - **Medication (blood thinners or anticoagulants) may be prescribed, making it harder for your blood to clot, reducing the risk of stroke⁵**

5. Shea JB, Sears SF. A Patient's Guide to Living With Atrial Fibrillation. *Circulation*. 2008;117:e340-e343.

3. Wolf PA, Abbott RD, Kannel WB. Atrial Fibrillation as an Independent Risk Factor for Stroke: The Framingham Study. *Stroke*. 1991;22:983-988

AFib Causes

- **Heart disease, such as:**¹
 - **Coronary artery disease**
 - **Heart attack or heart bypass surgery**
 - **Heart failure or an enlarged heart**
 - **Heart valve disease (most often the mitral valve)**
- **Obesity**¹
- **Sleep apnea**¹
- **Family history**¹
- **Excessive alcohol and stimulant use (caffeine)**¹
- **Pericarditis**¹

1. Fuster V, Rydén LE, Cannom DS, et al. 2011 ACCF/AHA/HRS Focused Updates Incorporated Into the ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation. *Circulation*. 2011;123:e269-e367.

AFib Risk Factors

- Increase in age¹
- High Blood Pressure (Hypertension)¹
- Heart Failure¹
- Valvular Heart Disease¹
- Diabetes¹
- Prior heart attacks¹

*** While these risk factors may increase the likelihood of developing AFib, sometimes causes are unknown.**

1. Fuster V, Rydén LE, Cannom DS, et al. 2011 ACCF/AHA/HRS Focused Updates Incorporated Into the ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation. *Circulation*. 2011;123:e269-e367.

Signs of Atrial Fibrillation

- **With AFib you may experience:**
 - **Palpitations⁵**
 - **Irregular heart beat⁵**
 - **Difficulty breathing or shortness of breath⁵**
 - **Weakness⁵**
 - **Dizziness, lightheadedness⁵**
 - **Chest pain or discomfort⁵**
 - **Fatigue (tiredness)⁵**

5. Shea JB, Sears SF. A Patient's Guide to Living With Atrial Fibrillation. *Circulation*. 2008;117:e340-e343.

Asymptomatic Atrial Fibrillation

- **For some people AFib may be completely asymptomatic, meaning they do not feel any symptoms or may not know they have AFib⁶**
 - **Up to one-third of patients with AFib have asymptomatic or “silent” AFib, which may be more common in older adults⁶**

6. Camm AJ, Kirchhof P, Lip GY, et al. Guidelines for the management of atrial fibrillation. *European Heart Journal*. 2010;31(19):2369-429.

Types of Atrial Fibrillation

- **Atrial fibrillation is classified based on its occurrence. This pattern of occurrence may determine your treatment plan:**
 - **Paroxysmal:** AFib that comes and goes on its own and lasts 7 days or less¹
 - **Persistent:** AFib that lasts longer than 7 days¹
 - **Permanent:** AFib that lasts for a long time (e.g., >1 year) and cardioversion is unsuccessful or not attempted¹

1. Fuster V, Rydén LE, Cannom DS, et al. 2011 ACCF/AHA/HRS Focused Updates Incorporated Into the ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation. *Circulation*. 2011;123:e269-e367.

Getting Diagnosed

- **A minimum evaluation may include: History and physical examination, electrocardiogram (ECG), transthoracic ecocardiogram, and blood tests⁷**
- **One or several tests may be necessary including: Six minute walk test, exercise testing, Holter monitor recording, transesophageal echocardiography, chest X-ray, electrophysiological study⁷**
- **The workup and therapy can usually be accomplished in a single outpatient encounter unless additional monitoring is necessary⁷**

7. American College of Cardiology Foundation and American Heart Association. 2006. ACCF/AHA Pocket Guideline: Management of Patients with Atrial Fibrillation. *Circulation*. 2006;114:e257–e354.

Your Health Care Team & Doctor Visits



Your Cardiologist

- **A cardiologist is a doctor who specializes in finding, treating and preventing diseases of the heart and blood vessels⁸**
 - **An electrophysiologist is a cardiologist who specializes in the diagnosis and treatment of abnormal heart rhythms⁸**
 - **Your cardiologist may work with your family doctor to help diagnose and manage your AFib⁸**

8. Fuster V, Hirshfeld JW, Brown AS, et al. Working Group 8: Defining the different types of cardiovascular specialists and developing a new model for training general clinical cardiologists. *JACC*. 2004;44(2):267-271.

Your Nurse

- **Your cardiology nurse can:**
 - **Work closely with your cardiologist and is an important member of your healthcare team**
 - **Educate you and your caregiver about this condition and treatment or procedure you may need**
 - **Help you understand the side effects of medications**
 - **Emphasize the importance of follow-up visits**
 - **Guide you by providing advice on the lifestyle changes you may need to make**

Your Pharmacist

- **Your pharmacist can:**
 - **Educate and ensure appropriate use of medications**
 - **Help provide information regarding medications that may require blood monitoring**
 - **Help you understand your insurance coverage**
 - **Answer questions about your medications**

Your Caregiver

- **Your caregiver is a friend or family member who can:**
 - **Provide support and encouragement**
 - **Help you manage your medications**
 - **Follow your lifestyle changes**
 - **Help monitor your progress**
 - **Help you follow your doctor's instructions**

How to Prepare For a Doctor's Visit

- **Carry a list of your healthcare professionals⁹**
 - **Include name, address, telephone number, and condition being followed**
- **Bring a list of your current medications (dose, frequency), medical records, and insurance information⁹**
- **Compile a list of your past health history and symptoms that you have experienced⁹**
 - **Include any surgical procedures, list of any major prior ongoing illnesses/health issues, and a list of any major tests, especially if they were performed in the last year⁹**
- **Know the chronic diseases and health conditions that run in your family so you can discuss with your healthcare provider⁹**
- **Bring a family member to the appointment to help you remember to ask questions⁹**

9. U.S. Department of Health and Human Services. A guide for older people: Talking with your doctor. National Institute of Health Publication No. 05-3452. August 2005. http://www.nia.nih.gov/sites/default/files/talking_with_your_doctor.pdf. Accessed November 14, 2012.

Questions to Ask at Your Visit

- **Before your appointment, write down a list of 4 or 5 questions/concerns you would like to discuss:**
 - **Do I need blood thinners, also known as anticoagulants, to avoid a stroke? If so, what kind?**
 - **Should I have a procedure (e.g., electrical shock or ablation) to restore a normal heartbeat?**
 - **Has my heart been weakened by the AFib?**
 - **What medications should I take to control my heart rate?**
 - **What kind of activities can I perform and what should I avoid?**
 - **Do I need to change my diet?**

What to Expect During a Doctor's Visit

Be prepared to answer questions from your doctor such as:

- When did you first begin experiencing symptoms?**
- Have your symptoms been continuous or occasional?**
- How severe are your symptoms?**
- What, if anything, seems to improve your symptoms?**
- What, if anything, appears to worsen your symptoms?**

TREATMENT FOR AFib



Treatment Goals

- **Management of AFib involves three goals:**
 - **Prevention of thromboembolism (blood clots) to reduce the risk of stroke⁷**
 - **Rate control⁷**
 - **Correction of rhythm disturbance⁷**

7. American College of Cardiology Foundation and American Heart Association. 2006. ACCF/AHA Pocket Guideline: Management of Patients with Atrial Fibrillation. *Circulation*. 2006;114:e257–e354.

Treatment Options

- **You may be prescribed one of the following medications long-term, such as:**
 - **Blood thinners:** help prevent blood clots and reduce the risk of stroke⁵
 - **Rhythm control medications (anti-arrhythmic drugs):** stabilize the electrical activity in the atria to prevent episodes of AFib⁵
 - **Rate control medications:** slow down a fast heart rate⁵

5. Shea JB, Sears SF. A Patient's Guide to Living With Atrial Fibrillation. *Circulation*. 2008;117:e340-e343.

Anticoagulation Therapy

- **If you have an increased risk of stroke, your doctor may ask you to begin anticoagulation therapy (to make it harder for your blood to clot)⁵**
 - **Some new oral anticoagulants do not require routine blood monitoring**
 - **One anticoagulant, warfarin, requires a blood test referred to as an INR (international normalized ratio) to monitor how well the drug is working⁵**
 - **If the INR is too low blood clots will not be prevented and if the INR is too high there is an increased risk of bleeding⁵**

5. Shea JB, Sears SF. A Patient's Guide to Living With Atrial Fibrillation. *Circulation*. 2008;117:e340-e343.

Procedures

- **A few common procedures include:**
 - **Cardioversion:** A procedure where a brief electrical current is delivered through the chest wall to the heart. It is intended to interrupt abnormal electrical circuits in the heart and restore the normal rhythm⁵
 - **Catheter Ablation:** An invasive procedure whereby a thin wire (catheter) with electrodes is inserted into the blood vessel and guided to the heart. The electrodes send out radio waves that are used to burn or freeze heart cells to modify the abnormal electrical circuits causing AFib⁵
 - **Surgical Ablation (Maze Surgery):** A procedure by which incisions are made around the atria to control electrical signals that cause the heart to beat abnormally. Techniques have been developed to allow for a minimally invasive procedure and reduce the length of the procedure¹

5. Shea JB, Sears SF. A Patient's Guide to Living With Atrial Fibrillation. *Circulation*. 2008;117:e340-e343.

1. Fuster V, Rydén LE, Cannom DS, et al. 2011 ACCF/AHA/HRS Focused Updates Incorporated Into the ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation. *Circulation* 2011;123:e269-e367.

LIVING WITH AFib



Manage Your Medications

- **Consult your healthcare professional before starting, changing, or stopping a prescription or over-the-counter medication⁵**
- **Take your medications exactly as directed**
- **When you visit your healthcare professional or an emergency room, bring a detailed list of all your medicines with you**
- **Keep all medical appointments**

5. Shea JB, Sears SF. A Patient's Guide to Living With Atrial Fibrillation. *Circulation*. 2008;117:e340-e343.



Recognizing Stroke

- **The risk of stroke increases with age, and is closely linked to the presence of other risk factors¹⁰**
- **Warning signs of a stroke include sudden:¹¹**
 - **Weakness or numbness of the face, arm or leg, especially on one side of the body**
 - **Confusion**
 - **Trouble speaking or understanding**
 - **Trouble walking, dizziness, loss of balance or coordination**
 - **Severe headache with no known cause**

In case of an emergency - Call 911!

10. Go AS, Hylek EM, Phillips KA, et al. Prevalence of diagnosed atrial fibrillation in adults: national implications for rhythm management and stroke prevention: the Anticoagulation and Risk Factors in Atrial Fibrillation (ATRIA) Study. *JAMA*. 2001;285:2370–2375.

11. Pancioli AM, Broderick J, Kothari R, et al. Public Perception of Stroke Warning Signs and Knowledge of Potential Risk Factors. *J Am Coll Cardiol*. 1998;279(16):1288-1292.

Lifestyle Modifications

- **Eat Right**
 - Follow a low-sodium and low fat diet⁵ (example: DASH diet)
 - Consumption of alcohol and caffeine should be avoided if it triggers your AFib⁵
- **Medications**
 - Some of the medications you are taking may require additional restrictions. Adhere to restrictions recommended by your doctor⁵
- **Stop Smoking⁵**
- **Be active**
 - Engage in a safe and reasonable level of physical activity (consult with your healthcare professional)⁵
- **Reduce Stress**
 - Exercise, breathing exercises, meditation, yoga, adequate sleep, spend time with loved ones⁵

5. Shea JB, Sears SF. A Patient's Guide to Living With Atrial Fibrillation. *Circulation*. 2008;117:e340-e343.

Information for Caregivers: Helping a Loved One Stay Healthy



How a Loved One Can Help

- 1. Learn as much as you can about AFib. Be a resource¹²**
 - a. Go along on doctor visits and get acquainted with the healthcare team¹³**
 - b. Ask questions on behalf of the patient if there are things you don't understand¹³**
 - c. Talk to the pharmacist about medications¹³**
- 2. Be a patient advocate¹²**
- 3. Serve as a source of emotional support¹²**
- 4. Make sure your loved one understands the importance of taking medications properly¹⁴**
- 5. Take care of yourself!¹²**

12. United Hospital Fund. Next Step in Care: Family Caregiver Guide. 2010.

http://nextstepincare.org/uploads/File/Guides/Becoming_a_Caregiver/Becoming_a_Caregiver.pdf. Accessed November 19, 2012.

13. American Association of Retired Persons. How to Talk Effectively with Healthcare Providers. August 2010.

http://www.aarp.org/relationships/caregiving-resource-center/info-08-2010/pc_talk_effectively_with_health_care_providers.html. Accessed September 8, 2011.

14. American Heart Association. What are Anticoagulants and Antiplatelet Agents? 2007. http://www.heart.org/HEARTORG/Conditions/What-Are-Anticoagulants-and-Antiplatelet-Agents_UCM_430954_Article.jsp. Accessed November 19, 2012.

Questions to Ask the Doctor About Your Caregiving Role

- **What can I do to help my loved one get back to as normal a life as possible?**
- **Are there disability assistance programs available to us?**
- **What are the options for back-up care, such as respite services or adult day centers?**
- **Are there local support groups for people with heart disease and/or those who care for them?**

Resources for Support and Information



Resources for Support

- **CardioSmart - Patient education and support from the American College of Cardiology (ACC)**
 - **Mission: to engage, inform, and empower patients to better prepare themselves for participation in their own care.**
www.cardiosmart.org
- **Mended Hearts - one of the nation's largest peer-to-peer support organizations**
 - **Mended Hearts connects patients with others who are facing a similar journey** www.mendedhearts.org, 1-888-HEART99

Emotional Help

- **Be open about your fears and concerns with your healthcare professionals**
- **Counseling can help you understand and deal with your illness**
- **Mended Hearts or other community support groups can help you talk to others who have dealt with similar health problems or illnesses**

What Else Can Help Your Heart?

- **Join a peer-to-peer support group like Mended Hearts**
- **Register for [Cardiosmart.org/AFib](https://www.cardiosmart.org/AFib) online community to get access to additional resources to help you live with AFib**
- **Manufacturers of medications you take offer resources to support you as well. You can go their websites for support resources**

Personal Experience With AFib

- Personal story:
 - How did I learn I had AFib?
 - How did it make me feel?
 - My daily lifestyle modifications
 - My tips for managing medications

THANK YOU!

- **Meet your peers**
 - **Introduce yourself to others**
- **Take a look at the displays in the room**
- **Browse resources available to you**

Works Cited

1. Fuster V, Rydén LE, Cannom DS, et al. 2011 ACCF/AHA/HRS Focused Updates Incorporated Into the ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation. *Circulation*. 2011;123:e269-e367.
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