

Atrial Fibrillation

Frequently Asked Questions

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ST. JOSEPH'S HOSPITAL

HEART INSTITUTE

1. What caused my Atrial Fibrillation (AFIB)? Did I cause it? Am I responsible for getting AFIB?

In general, we are not responsible for and didn't cause our AFIB. Even with a clear picture of your medical history, many AFIB cases seem to have no apparent cause or trigger that can be identified with today's medical knowledge. Whether we call AFIB a defect of the heart, body, electrical system or nervous system, an abnormality, predisposition, weakness or tendency, AFIB is usually not something we cause or bring on ourselves. It's different than a condition like high blood pressure.

2. What can I do for someone who has an AFIB episode?

If the person is in great discomfort and his or her heart is beating very rapidly and irregularly, you can call 911 or get him or her to an Emergency Room. The staff there can use a defibrillator and medications to electrically shock him or her back into normal sinus rhythm, or use drugs to convert him or her back to sinus rhythm or slow the heart rate down. But, unlike a heart attack, most episodes of AFIB are usually not life threatening.

3. What are the risks of AFIB?

Most episodes of AFIB are not life threatening. Even though you may feel strange, it's not like having a heart attack.

The biggest danger from AFIB is the risk of stroke. Because your heart isn't pumping out properly, blood clots can form, travel to the brain and cause a stroke. If you have AFIB, you are five times more likely to have a stroke than the general



population. It's most important to take a blood thinner like warfarin (Coumadin®) or aspirin to help prevent these clots from forming.

If you've had AFIB for a long time, your heart muscles may eventually weaken. You may become more prone to other heart problems. People with AFIB have nearly double the risk of death compared to someone in normal heart rhythm.

4. I have paroxysmal (occasional) AFIB. I've heard that AFIB is a progressive disease that only gets worse. What are my chances of getting permanent AFIB (the heart remains in AFIB all the time)?

AFIB is a progressive disease, but you won't necessarily go into permanent AFIB. In one study of patients with intermittent AFIB, eight percent went into permanent AFIB in one year, and 18 percent went into permanent AFIB within four years.

In AFIB your heart has a tendency to remodel itself both physically and electrically. The atria tend to enlarge and develop thinner walls, and their ability to contract is diminished (called "ejection fraction"). The heart develops fibrosis. Electrically the AFIB attacks tend to become longer and more frequent: "AFIB begets AFIB."

But one long-term study of pulmonary vein ablation/isolation has indicated that many of these remodeling effects can be reversed.

5. Is AFIB a prelude to a heart attack?

In general, no. A heart attack is a physical problem with your heart muscles or heart functions. For example, a blocked artery may result in what is called a “myocardial infarction” in which part of the heart tissue actually dies due to a lack of blood. AFIB is primarily an electrical or rhythm problem, though it may be related to other heart problems like hypertension and mitral valve disease. However, AFIB that goes untreated over a period of time greatly increases the risk for stroke and could eventually lead to a weakened heart and serious heart problems.

6. My physician says I have AFIB. Could it be something else? Should I get a second opinion?

AFIB is fairly easy to diagnose using non-invasive diagnostic tests such as EKGs/ECGs, Holter monitors, etc. If you have AFIB symptoms and your cardiologist says you have AFIB, you probably have AFIB. What you may want a second opinion on is how to be treated for your AFIB. The Advanced Center for Atrial Fibrillation offers free initial consultations to learn if you meet the clinical criteria for non-surgical and/or surgical intervention.

7. Is my AFIB genetic? Will my children get AFIB too?

Some research has identified a familial link where AFIB is passed on genetically, but it is relatively rare. Even though the gene responsible for inherited AFIB has been identified, there hasn't been enough research on the genetics of AFIB to say whether or not your children will inherit it. However, there are many causes or triggers of AFIB that are not genetic. Your AFIB



may not be genetic, in which case you won't pass it on to your children.

8. Why do older people get AFIB more than younger people?

This may be related to what is called "interstitial fibrosis," which is often part of the aging process. The pulmonary vein openings (where most AFIB signals originate) sometimes become fibrous as we age. These openings are similar in structure and have similar smooth muscle tissue to the sinus and AV nodes that generate your normal heartbeat signal. The pulmonary vein openings are electrically active in the heart like the sinus and AV nodes, but usually beat in sync with them. When the pulmonary vein openings become fibrous, they tend to beat out of sync with the sinus and AV nodes, which results in AFIB. (Please be advised that the above statement is an observation, an attempt to explain, rather than a medical fact. Further research is necessary to confirm this observation.)

9. Why does so much AFIB come from the pulmonary vein openings?

Perhaps because the embryonic origin of the pulmonary vein openings (ostia) is the same as that of the sinus and AV nodes. They are similar in structure and have similar smooth muscle tissue. The pulmonary vein openings are electrically active in the heart like the sinus and AV nodes but usually beat in sync with them. Disease, viral infections, stretching, fibrosis, or other factors may cause the pulmonary vein openings to start beating

out of sync with the sinus and AV nodes, thereby producing AFIB signals. (Please be advised that the above statement is an observation, an attempt to explain, rather than a medical fact. Further research is necessary to confirm this observation.)

10. How can I tell when I'm in AFIB or just having something like indigestion?

Without medical help you may not be able to tell if you have AFIB or something like indigestion. Many people have "silent AFIB" which is AFIB with few or no symptoms. Silent AFIB can be very dangerous. It can lead to stroke, circulation problems, heart problems, and mental deterioration. Some physicians advocate mandatory AFIB screening for anyone over 60.

To verify if you have AFIB, a physician can give you an EKG/ECG test and/or can have you wear a monitoring system such as a Holter monitor. Only a physician can determine if you have AFIB.

If you want to monitor yourself, you can take your own pulse or use an over-the-counter heart-monitoring device such as the Heart Rate Monitor used by runners. It's worn around your chest and transmits a signal to a wristwatch that beeps when your pulse goes too high. You can check the digital display on the watch to see how fast your pulse is. **PLEASE NOTE:** *Any over-the-counter device is **no substitute** for monitoring and treatment by a physician. You should not use over-the-counter devices to diagnose yourself.*



11. I have a defective mitral valve. Is it causing my AFIB? Should I have my mitral valve fixed?

Mitral valve problems seem to be related to AFIB, possibly because the extra strain a defective mitral valve puts on the heart may cause stretching and put extra pressure on the pulmonary vein openings where most AFIB originates. However, fixing your defective mitral valve isn't a guarantee of curing AFIB. Once the AFIB hot spots in your heart have been activated, they may continue firing after your mitral valve is fixed.

If you need open-heart surgery to fix your mitral valve, you will want to consider having a Cox Maze operation at the same time. A Cox Maze procedure performed at the time of your valve surgery will produce the best long-term result, far better than would be expected from a pulmonary vein ablation/isolation or minimally invasive surgery.

12. Will my AFIB go away on its own?

On occasion this does happen. In a process called "spontaneous remission" the body adjusts to whatever caused the AFIB and the heart starts beating normally without any treatment at all. But don't count on this happening. You still need to be under a physician's monitoring and care.

13. I've had a successful pulmonary vein ablation/isolation or minimally invasive surgery to cure my AFIB. Do I still need to be on anticoagulants like warfarin (Coumadin®) or aspirin?

If you don't have any symptoms, you probably are cured of AFIB and have less chance of getting AFIB again than most

other people. However, though “cured” of your AFIB, you may still be experiencing silent AFIB (AFIB with no symptoms) which can be just as dangerous as regular (symptomatic) AFIB. Since pulmonary vein ablation/isolation of AFIB is a relatively new procedure, there are not enough historical perspectives and case studies yet to answer definitively whether or not you need to continue taking anticoagulants. The ultimate decision is best made between you and your physician.

14. I’m getting by with my AFIB. With the recent improvements in pulmonary vein ablation/isolation and minimally invasive surgery techniques, should I wait until a better technique is developed?

AFIB is a progressive condition. The longer you have it, in general the worse it gets. In a process called “remodeling” your heart may change physically and electrically if you have AFIB long enough. It’s important to be treated as soon as possible. To learn if you meet the clinical criteria for intervention, please call 877-AFIB (2342) for a free consultation with an ARNP at St. Joseph’s Advanced Center for Atrial Fibrillation.

15. I have serious heart problems and chronic heart disease along with AFIB. Would a pulmonary vein ablation/isolation or minimally invasive surgery help me? Should I get one?

This is a judgment call only you and your physician can make. A pulmonary vein ablation/isolation or minimally invasive surgery may help you. But your time and efforts might



be better spent getting your other heart problems under control. As compared to other heart problems, episodes of AFIB feel strange and uncomfortable but are normally not life threatening. Please contact St. Joseph's Hospital Advanced Center for Atrial Fibrillation for more information.

16. Can AFIB be effectively treated or do I just have to live with it?

AFIB is definitely curable. If you have AFIB, no matter how long you've had it, your goal should be a complete and permanent cure. If your physician is satisfied with keeping your AFIB "under control," get a second opinion.

17. What's the difference between warfarin (Coumadin®) and aspirin?

Aspirin is an antiplatelet drug that decreases the stickiness of circulating platelets (small blood cells that start the normal clotting process), so that they adhere to each other less and are less likely to form blood clots. Warfarin, on the other hand, works by slowing the production of blood-clotting proteins made in the liver. However, current research indicates that aspirin is **not** as effective in preventing blood clots (and therefore, strokes) as warfarin. Aspirin is less likely to cause abnormal bleeding than warfarin.

People with fewer risk factors for stroke are often on aspirin. People more at risk for stroke, such as those over 65 years old with frequent AFIB episodes, are often on warfarin (barring other risk factors such as a peptic ulcer, etc.).

18. Can I exercise if I have AFIB? Should I exercise?
Should I cool my sex life?

It's really a judgment call for you and your physician whether or not you should exercise. In AFIB, when you first start exercising your heart rate tends to be very rapid. Also, the AFIB reduces your overall capacity to exercise, because your heart isn't pumping properly.

These observations aside, if you can exercise without your heart rate becoming too rapid and you feel like exercising, you probably should. (For some types of AFIB, moderate exercise may actually help you come out of an attack.)

You don't have to worry about dying while making love. Episodes of AFIB are normally not life threatening.

19. Are there exercises that will help eliminate my AFIB?

No. Our current knowledge of AFIB hasn't identified any exercises that would help eliminate it. (Some people say they can come out of an AFIB attack by splashing their face or back with ice water or by bearing down hard using their diaphragm.)

20. Is there a diet I could follow that would cure my AFIB?

Current empirical medical research hasn't identified a diet that would cure your AFIB. You may want to lessen or eliminate how much alcohol you drink. Heavy consumption of alcohol may trigger AFIB. Some cases have been reported where the caffeine in coffee is said to have triggered AFIB. You may want to try eliminating other stimulants (tea, chocolate, tobacco, MSG, sodas) and see if that helps your condition.

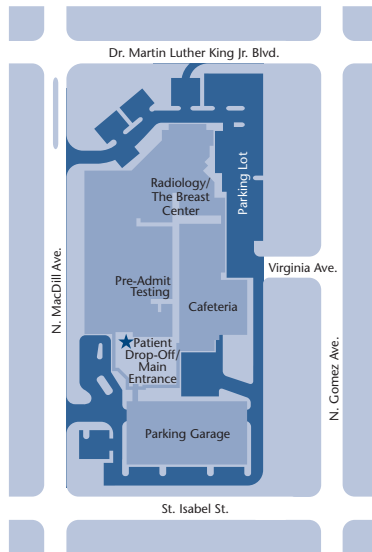
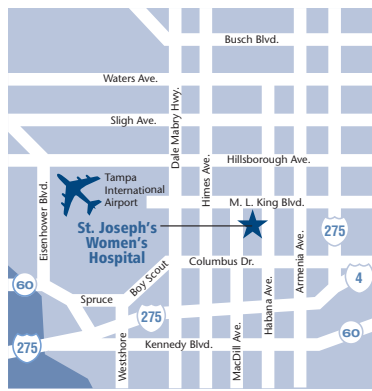


21. Which medications are best to control my AFIB?

In general, current medications don't work very well on AFIB. What medications are best for you is a judgment call only you and your physician can make. To explore non-drug treatment options, please contact St. Joseph's Hospital Advanced Center for Atrial Fibrillation at 877-AFIB (2342).

22. Can I drive my car if I have AFIB?

In general, yes. With most types of AFIB you can drive safely. But if your episodes of AFIB cause dizziness, you need to determine if you can safely drive. If your AFIB episodes cause you to become dizzy, as soon as you feel the beginning of an episode, pull off to the side of the road and stop. Wait there until the episode passes. If this happens often or if your episodes of AFIB last a long time, you may have to stop driving entirely.



For more information, please contact the
Advanced Center for Atrial Fibrillation.
(813) 877-AFIB (2342)



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