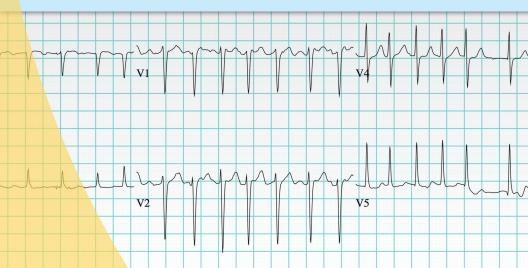


Atrial Fibrillation and Atrial Flutter



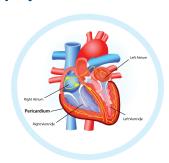


What is in the booklet?

What is 'atrial fibrillation'? What is 'atrial flutter'?
Is Afib/flutter harmful?4
What can trigger Afib/flutter?4
What causes Afib/flutter?5
What can Afib/flutter feel like?
How is Afib/flutter treated?6
What about preventing a stroke?
What can I do to help my heart?8-9
What if I get an Afib/flutter episode?IC
When should I get help?IC
My Afib/flutter management plan
Living well with Afib/flutter14
Questions you might want to ask14
For more information

What is 'atrial fibrillation'? What is 'atrial flutter'?

The pumping ability of your heart is controlled by an electrical signal. Certain cells in your heart make electrical signals that cause the heart muscle to contract and pump blood. This electrical signal comes from the top two chambers or atria (sounds like aya-tree-ah) and travel down to the lower larger chambers called the ventricles (sounds like ven-trih-kuls). This electrical activity is normally regular and results in a coordinated contraction of the heart muscle



A heart tracing or electrocardiogram (ECG) can record the electrical activity of your heart.

In your case, your heart is not beating normally.

Atrial fibrillation and atrial flutter are common heart rhythm problems (also called heart rhythm disorders or arrhythmias).

In atrial fibrillation, the electrical signals become irregular and very fast. This causes the atria muscles to quiver or fibrillate instead of pumping. Some of these chaotic electrical signals get through to the ventricles, making your heart beat irregularly and too fast.

In atrial flutter, the electrical signals are also very fast but in a more regular pattern.

Although atrial fibrillation and atrial flutter are two different rhythm problems, they do have some things in common:

- ✓ They have similar symptoms.
- They can result in a similar impact to your life.
- They can make it hard to do daily activities.
- ✓ They can cause similar problems, such as stroke.
- They are treated with the same medications.

In this booklet, we speak of them together as atrial fibrillation-flutter or 'Afib/flutter' for short (sounds like aye-fib/flut-ter). In other places, you might hear or see them referred to in this way:

- Atrial fibrillation as AFib, A-Fib, or AF
- Atrial flutter as AFL, or flutter

Is Afib/flutter harmful?

Neither of these two heart rhythm problems are usually life-threatening. You can live a long, healthy life with proper care of the heart rhythm as well as managing any medical condition that triggers or aggravates it.

However, once you have had an episode of either atrial fibrillation or flutter, there is a greater chance you will have more in the future. You might not have an episode for weeks, months or even years, but just one episode means you are more likely to have another.

Afib/flutter could lead to complications, such as stroke or heart failure.

- When the atria do not contract normally, the blood can begin to clot.
 - The clot or parts of the clot can break loose and travel to the brain. If the clot is large enough, it blocks blood flow to part of the brain, causing a stroke.
 - Tiny clots can temporarily block blood flow and cause mini-strokes (called transient ischemic attacks, sounds like trans-ee-ent iss-kee-mik).
- With a fast heartbeat, your heart muscle can get weak and result in heart failure.
 - When the heart cannot pump enough blood, fluid backs up in the body, causing trouble breathing and swelling.

What can trigger Afib/flutter?

An episode of Afib/flutter can be brought on by certain things. These are called triggers. Pay attention to when you have an episode. See if you can identify your trigger(s). If you know your trigger(s), you can then try and avoid them.

Examples of triggers:

- eating large meals
- exercising too hard
- coughing
- having a large amount of stress in your life
- consuming stimulants such as coffee, energy drinks, or cold medicines
- having nicotine such as smoking cigarettes
- drinking too much alcohol

What causes Afib/flutter?

Afib/flutter can affect adults of any age. There are a number of factors that increase a person's risk.

Afib/flutter is more common:

- as you get older
- in people with a family history of heart problems
- in men
- in people from certain ethnic origins

There is a greater chance of you getting Afib/flutter if you smoke, have an inactive lifestyle or are overweight/obese.

People are more likely to get Afib/flutter if they have other health conditions such as:

- high blood pressure
- diabetes
- thyroid problems
- heart valve problems or heart muscle problems (heart failure or cardiomyopathy)
- heart surgery in the past
- breathing problems such as sleep apnea or chronic obstructive pulmonary disease (COPD)

What can Afib/flutter feel like?

Everyone is different. Not everyone feels the same thing. Some people are very bothered by their symptoms. Other people might not feel anything at all.

Common symptoms:

- feeling like you have a fish flopping in your chest
- feeling a fast pounding in your chest
- having a fast or irregular heart beat
- having mild chest tightness or chest pain

- feeling very tired, low energy or weak
- feeling short of breath
- feeling dizzy, lightheaded or like you might faint
- feeling anxious for no obvious reason

How is Afib/flutter treated?

Again each person is different. Treatment depends on the cause(s), risk factors, triggers and resulting symptoms. Every person can respond to treatment differently.

Your doctor will talk with you about the different treatment options along with the benefits and possible drawbacks of each. Together you decide on a treatment plan that is best for you.

The main goals are to decrease symptoms and reduce the chances of complications, which ultimately improve your quality of life.

- To decrease symptoms, the focus is on controlling the heart rate or helping the heart return to normal rhythm. This can be done with medicines and procedures.
- To reduce complications, the focus is on reducing the risk of stroke and preventing heart failure.

Decreasing symptoms and reducing complications means less visits to Emergency and less admissions to hospital.

There are two main strategies for treating Afib/flutter:

I. Heart rate control:

Medicines to slow the heart rate. They do not stop the fibrillation/flutter, nor do they return the heart rate to a normal rhythm. This strategy is usually chosen for people with mild symptoms.

2. Heart rhythm control:

Medicines (anti-arrhythmics) and/or procedures to restore normal heart rhythm. While this might not stop all episodes, it can decrease the number of episodes and/or shorten the length of episodes. This strategy is usually chosen for people with moderate to severe symptoms, or people with atrial fibrillation that comes and goes (called paroxysmal, sounds like pair-ox-siz-mall).



What about preventing a stroke?

Atrial fibrillation increases a person's risk of having a stroke. In order to prevent a stroke, some people need added treatment.

Factors that increase the chance of stroke:

- a history of heart failure or weakened heart muscle
- high blood pressure (even if it is being controlled with blood pressure medicine)
- aged 65 years or older
- diabetes (even if it is being controlled with diabetes medicine)
- previous stroke or mini-strokes (transient ischemic attacks)

The main strategy for preventing stroke is to thin the blood. Blood thinners (called anti-coagulants) prevent blood clots from forming.

Common blood thinners:

- edoxaban (Lixiana®)
- dabigatran (Pradax®)
- warfarin (Coumadin®)
- rivaroxaban(Xarelto®)

▼ apixaban (Eliquis®)

Your doctor will talk with you about blood thinners, benefits, drawbacks and side effects.

Common side effects of blood thinners:

- ✓ nose bleeds
- bruise easily
- bleeding from gums
- blood in urine (pee) red or brown urine

What can I do to help my heart?

- See your doctor regularly.
- Always take your medicines as directed.
- Always talk to your doctor before starting, changing or stopping a medicine.

Studies show that certain lifestyle activities can help control your Afib/flutter and reduce the chances of heart disease.



Lifestyle activities



Eat a healthy diet

Your diet should be low in saturated fat, trans fat, cholesterol and salt. It should include a variety of vegetables, fruits and whole grains.

Have questions or need help with your diet? Call 8-I-I to speak to a registered dietitian.



Get regular exercise

Regular exercise is as important as medicine when you have Afib/flutter. Exercise helps you stay at a healthy weight, and reduces your risk for heart disease, diabetes and sleep apnea. It can also give you more energy, reduce stress and improve your confidence.

Aim for least 30 minutes of exercise every day that is of 'moderate intensity'. (Ask your doctor what moderate intensity is for you.)



Lower your blood pressure

Along with these other activities, lowering your stress level can help lower your blood pressure. Your blood pressure should be less than I40/90 mmHg in the doctor's office (or less than I35/85 mmHg at home). If you have diabetes, your blood pressure should be less than I30/80 mmHg in the doctor's office (or less than I25/75 mmHg at home). Measure and keep a record of your blood pressure to share with your doctor.

Lifestyle activities (continued)



Watch your weight.

Lose weight or keep your body at a healthy weight. Being at a healthy weight helps control your Afib/flutter and reduces your risk of stroke and heart disease



Limit alcohol

Too much alcohol can trigger an Afib/flutter episode. Canadian health experts recommend that:

- Men have no more than 3 drinks a day on most days (no more than I5 drinks a week).
- Women have no more than 2 drinks a day on most days (no more than IO drinks a week).



Don't smoke

Stop smoking and stay away from other people's smoke. Smoking can trigger an Afib/flutter episode. It also increases your risk for stroke and heart disease.

Call 8-I-I to get free quit smoking medication and support.



Watch for sleep apnea

This breathing problem interrupts your sleep. Symptoms include snoring, long pauses in your breathing while you sleep, feeling very sleepy during the day or falling asleep when you do not intend to. Treating sleep apnea can reduce Afib/flutter episodes and improve your quality of life.

What if I get an Afib/flutter episode?

The good news is that you do not have to go to Emergency or see a doctor every time you have an episode. It depends on how your symptoms are affecting you. If you are feeling okay, it is safe to stay home.

When you have an episode, it is important to:

- Make sure you take your medicines as directed.
- Rest.
- Wait for your symptoms to settle.

When should I get help?

Contact your family doctor if you have any of the following:

- Your symptoms are still bothering you after 12 to 24 hours
- You have new symptoms.
- You are bothered by side effects of medicines you take.

Call 9-I-I or have someone take you to the nearest Emergency if you have any of the following:

- Your symptoms get significantly worse.
- You feel extremely unwell.
- You are very short of breath, even when sitting still.
- You have really bad chest discomfort or pain.
- You can't stand up because of feeling lightheaded.
- ✓ You have fainted.
- ✓ You have signs of a stroke, or mini-stroke.
- You have signs of major bleeding.



A note about stroke:

Signs of a stroke can come on suddenly, usually without any warning at all.

Even signs that only last a short time then disappear (mini-stroke) need emergency attention.

It is common to not believe the signs. It is better to get act fast. Get medical help to prevent serious and/or permanent problems.



A note about major bleeding:

Major or excessive bleeding can happen if you are taking a blood thinner.

Look for signs of major bleeding:

- black, tarry looking bowel movements (poop)
- coughing up blood
- throwing up blood (might look bright red or like coffee grounds)
- sudden, severe headache
- ✓ any large amount of bleeding or bleeding that will not stop

My Afib/flutter management plan

I have Atrial Fibrillation Atrial Flutter					
This was first diagnosed in:					
I am being treated with:					
Heart rate control using:					
At rest, my target heart rate is less than IOO beats a minute					
Heart rhythm control using:					
My risk of stroke is: Low High					
☐ I take the blood thinner called:					
My ideal body weight is:					
My blood pressure should be:					
☐ less than I40/90 mmHg ☐ less than I30/80 mmHg					
Recent emergency room visits:					
Date:Why went:					
What they did:					
Date:Why I went:					
What they did:					

Date: _____ Why was I admitted?: What they did:

Keeping track of my blood pressure, heart rate and how I feel

Recent stay in the hospital:

	Systolic	Diastolic	Heart	
Date	(top number)	(bottom number)	rate	How I feel
Date	(top harriber)	(Bottom Hamber)	Tate	TIOW FICEI
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Living well with Afib/flutter

Remember the ultimate goal is to improve your quality of life by decreasing your symptoms and reducing the chances of complications.

You can live a long, healthy life as long as your Afib/flutter is well managed and any medical conditions are treated.

- Try to follow a healthy lifestyle.
- Work with your doctor or nurse practitioner to make the best treatment plan for you.
- Get support from one of the Atrial Fibrillation/Flutter clinics in BC.



Here are some questions you might want to ask your heart specialist

- What is my heart problem?
- What do I need to do for this problem?
- ✓ Why is it important for me to do these things?

Other questions I have:

For more information

About atrial fibrillation and flutter

Heart & Stroke Foundation of Canada www.heartandstroke.ca

Get 'Your Complete Guide to Atrial Fibrillation'
Choose: Health Information > Heart Disease > Heart disease conditions > Atrial fibrillation > Click on 'Get yours now!'

Canadian Heart Rhythm Society www.chrsonline.ca

Heart Rhythm Society www.hrsonline.org

American Heart Association www.americanheart.org

Other resources for a healthy lifestyle

HealthLinkBC www.healthlinkbc.ca

Quit now – quit smoking support www.Quitnow.ca















