

► ATRIAL FIBRILLATION AND STROKE ◀

What is atrial fibrillation?

Atrial fibrillation (AF) is the name of a particular type of irregular heartbeat affecting more than one million Americans. In AF, the left **atrium** (left upper chamber) of the heart beats rapidly and irregularly. Normally, an organized rhythm is somewhere between 60 and 100 times every minute. In someone who has AF, the left atrium may beat as many as 400 times a minute.

What does AF have to do with stroke?

In AF, the irregular contractions of the left atrium cause blood to pool, which may result in the formation of blood clots. These clots can break loose and travel through the bloodstream to the brain, causing a stroke. Stroke can cause permanent disability, coma or death.

If left untreated, AF can increase your stroke risk from four to six times. About 15 percent of all people who have a stroke have AF.

Who has AF?

AF is relatively rare in healthy people, but it can occur. AF is found most often in people over age 65 and in people who have heart disease or thyroid disorders.

How can you tell if you have AF?

AF often has no strong outward symptoms. Some people with AF will experience heart palpitations – often described as a “pounding,”

“racing” or “fluttering” heartbeat. In other people, the only symptom of AF may be dizziness, faintness or light-headedness. Others may experience chest pain ranging from mild discomfort to severe pain. And for yet another group, AF has no symptoms at all.

The only way to know for sure if you have AF is to have your doctor perform a painless test called an **electrocardiogram** (ECG). During an ECG, sensitive electrodes are placed on your chest. These electrodes pick up the electrical impulses generated by your body that cause your heart to beat. The impulses are then transmitted to a device that records them on a piece of paper called an **ECG strip**. By examining the specific pattern of electrical impulses recorded on the ECG strip, your doctor can tell for certain whether you have AF.

What can I do if I have AF?

Doctors have several options for managing your AF. Whenever possible, the first treatment efforts will be directed at cardioversion – restoring your heart’s normal rhythm. This can be done either through the use of electrical stimulation or through pharmacologic (drug-based) therapy. For many people, one or the other of these measures will work to permanently convert the heart to normal rhythm. For others, however, these measures are not successful.

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When cardioversion efforts fail or are not appropriate, AF treatment concentrates on protecting you from stroke-causing blood clots. Your doctor may prescribe a medication to prevent clots from forming or growing called an anticoagulant. Warfarin (brand name Coumadin) is the drug of choice for long-term anticoagulation in AF patients.

According to the American College of Chest Physicians, data pooled from five randomized, controlled trials demonstrated that anticoagulation with warfarin in patients with AF resulted in an overall reduction in stroke risk of 45 to 86 percent, with low rates of hemorrhagic complications. Only one-third as many strokes occurred in AF patients receiving warfarin as in control patients. For patients unable or unwilling to take warfarin, aspirin is an alternative.

If your doctor has prescribed medication for you for AF, it's important to TAKE YOUR MEDICINE EXACTLY AS DIRECTED. Failure to take your AF medication properly can significantly increase your stroke risk.

*For an appointment with a Jefferson physician, more information or health information and education programs, please call **1-800-JEFF-NOW** (1-800-533-3669) or visit our Web site at **www.JeffersonHospital.org***

Speech- or hearing-impaired callers can access JEFF NOW® by calling 1-800-654-5984.

This information comes from the National Stroke Association.