

Living with Atrial Fibrillation (AFib)

In a healthy heart, the rate and rhythm of the heartbeat are controlled by an electrical system. A series of coordinated electrical signals start in a part of the heart called the Sinus Node. The electrical impulse then spreads across the heart and tells it when and where to contract, or squeeze. This synchronized heartbeat continuously circulates blood from the lungs, through the heart, and out to the rest of the body to deliver oxygen. In people with atrial fibrillation--also called AFib--the electrical signals are abnormal, and largely chaotic, and cause the heart's chambers to beat irregularly, and often rapidly.

If you have been diagnosed with AFib, you are not alone. AFib is the most common type of irregular heartbeat and an estimated Over 1 million people in the UK have atrial fibrillation . Some people with AFib never experience symptoms and are diagnosed when a healthcare professional detects an irregular heartbeat.

It's estimated that one-third of Americans who have AFib, don't know they have it. So people at risk for AFib should have their heart listened to, and their pulse checked regularly.

Others are diagnosed because they experience symptoms and report them. Symptoms can include irregular, pounding, or rapid heartbeat, which some people describe as the feeling of butterflies, or a fish flopping in their chest. Dizziness, fainting, breathlessness, weakness, fatigue, and chest pain can also occur.

These episodes of AFib can be very frightening, and even disabling. AFib is often classified, and treated, based on how often the episodes occur. Paroxysmal, or intermittent AFib, is when episodes stop spontaneously but don't last more than 7 days. Persistent AFib is when episodes last longer than 7 days. Longstanding Persistent AFib lasts continuously for more than a year.

Permanent AFib is when episodes last longer than 7 days and where a decision has been made not to stop it.

There are a number of causes and risk factors for AFib including abnormalities in the heart's physical structure from things like valve problems and previous heart attacks.

Other causes and risk factors include high blood pressure, coronary heart disease, overactive thyroid or metabolic imbalances, lung disease, previous heart surgery, viral infections, stress, sleep apnea, and exposure to caffeine, alcohol, and certain medications.

Sometimes the cause is unknown, although it is known that the risk of AFib increases as we age. Those with AFib have a higher risk for heart failure and stroke, but with proper treatment, these risks can be managed.

Having AFib is certainly not a death sentence and many AFib patients enjoy a healthy and active life. You will likely work with a cardiologist, or cardiac electrophysiologist, to treat your AFib. One of the treatment goals is to prevent the heart from beating too fast. This rate control can help reduce your symptoms. This usually can be accomplished with medications like Beta Blockers and Calcium Channel Blockers.

Rhythm control is a related but different treatment approach that allows the heart's chambers to work together to efficiently pump blood.

Your healthcare professional will let you know whether you might benefit from rhythm control. If so, procedures may be necessary and include electrical cardioversion, where a controlled shock to the chest restores the normal rhythm. Catheter ablation is where radio frequency, heat, or cryo (cold) energy is used to strategically destroy tissue and prevent the abnormal electrical impulses from spreading. Maze or mini-maze surgery is similar to catheter ablation and may also use incisions to interrupt the signals.

Another critical part of treating AFib is preventing strokes. Because the heart beats irregularly while in AFib, it affects the way blood flows through the heart and makes it vulnerable for forming clots.

Those clots can travel from the heart to the brain where they can block vital blood flow and oxygen, resulting in a stroke that can be debilitating or deadly. The risk of stroke in a person with AFib is 500% higher than in someone without the disease. So treatment to reduce stroke risk is essential.

Anticoagulants, also called blood-thinners, interfere with the body's clotting mechanisms and reduce the risk of stroke. There are now a number of oral anticoagulants available that work in different ways, with different benefits and risks, allowing the healthcare professional and patient to choose the right drug for them. Some individuals may not need an anticoagulant because their risk of stroke is so low, or because their risk of bleeding as a side-effect of the anticoagulant is too high.

However, fatal bleeding while on an anticoagulant is rare, and for most AFib patients the benefit of preventing AFib-caused strokes outweighs the increased risk of bleeding. In most cases, things like frailty, age, and risk of falls should not be barriers to anticoagulation.

If you have been diagnosed with AFib, being a proactive member of your healthcare team is critical to effectively managing your condition.

Partner with your healthcare professional in making treatment decisions. This can be confusing and overwhelming, so never hesitate to ask questions and get the information you need. Keep all your medical appointments and take your medications as directed. Don't stop or switch any medications without talking with your healthcare professional.

Discuss your diet and any over-the-counter medications that could interfere with your treatment. Continue to exercise with the guidance of your healthcare professional. AFib can cause increased fatigue, but it does not have to eliminate your activities. Be sure to report any changes in your health or symptoms.

Getting an AFib diagnosis can be frightening and even confusing, but it is a manageable condition and you can expect to live a healthy and active life by partnering with your healthcare professional, and following the treatment plan that is right for you.

To learn more about stroke risk reduction for people with AFib visit

<https://drboonlim.co.uk/atrial-fibrillation/>

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