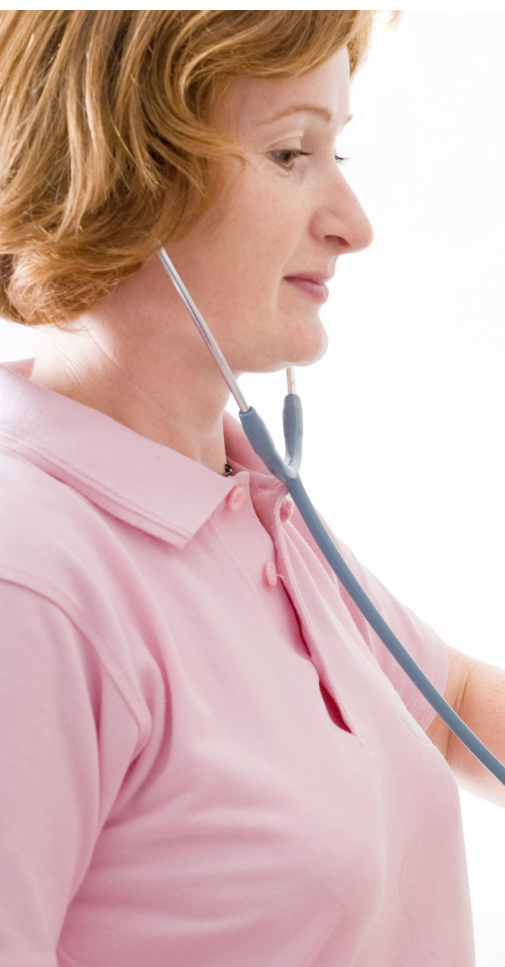


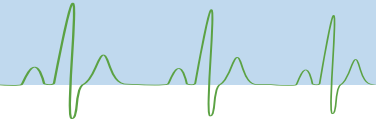
Patient and Primary Care Checklist



Providing information, support and access to established, new or innovative treatments for Atrial Fibrillation

Introduction

If you have been recently diagnosed as suffering from atrial fibrillation (AF) or atrial flutter, or your doctor suspects you have these conditions, this checklist is intended to help you understand the condition, feel at ease with the tests you will be given and be prepared for the treatments your doctor may suggest.



What is atrial fibrillation?

Atrial fibrillation (AF) is the most common heart rhythm disturbance (arrhythmia) encountered by doctors, affecting approximately one million people in the UK alone. It results from uncoordinated electrical activity within the upper chambers of your heart and leads to your heart beating in an irregular rhythm. It can affect adults of any age but is more common as people get older. If left untreated AF can lead to serious complications, such as heart failure and AF-related stroke.

Symptoms of AF include palpitations, shortness of breath, chest discomfort, light headedness, fainting or fatigue. However, for many there are no noticeable symptoms, which is known as being asymptomatic.

Detection and diagnosis

The simplest way of detecting atrial fibrillation is by feeling the pulse; when a clinician suspects AF there is a choice of tests which may be carried out in order to establish a diagnosis.

ECG - An ECG is simply a recording of the electrical activity of the heart. It is done by painlessly connecting wires to the body of the patient and running them to a machine which can detect voltage differences on the surface of the body, which result from the electrical activity within the heart. The test is painless and quick, usually only lasting between one and ten minutes.

Blood tests - Atrial fibrillation is most often a condition in its own right. However, it can develop due to disease elsewhere in the body, such as a thyroid gland problem. You may be asked to have a blood test in order to rule out such problems from an AF diagnosis.

Rhythm monitoring - It may be that although a doctor suspects you have atrial fibrillation, the type of AF you have may make it difficult to confirm, because your heart is sometimes in a regular heart rhythm (sinus rhythm) and occasionally in the irregular heart rhythm (atrial fibrillation). Therefore you may be asked to wear a monitor which is strapped to your chest and will record your heart rhythm continuously for up to seven days.

Occasionally, when a patient is experiencing many symptoms, but diagnosis is proving difficult to confirm, an implantable cardiac monitor may be recommended. This is a small monitor which is inserted beneath the skin of your chest under local anaesthetic and then remains in place, monitoring your heart rhythm day and night until removed having confirmed a diagnosis.

Forms of atrial fibrillation

AF falls into one of three categories that describe the progression of the condition, ranging from occasional episodes to the complete absence of a normal heart rhythm:

Paroxysmal AF -

Episodes that stop within seven days without treatment.

Persistent AF -

Episodes lasting longer than seven days, or requiring medical intervention to terminate.

Permanent AF -

When the presence of AF is accepted by the patient and the physician, and strategies to restore sinus rhythm are not being pursued.

AF-related stroke

In AF, the top chambers of the heart (the atria) no longer contract, but instead the muscle quivers like a bag of worms. A lack of efficient contractions means that some blood within the atria can form clots. These clots can travel anywhere in the body, but most worryingly they can travel to the brain and cause an AF-related stroke.

Having AF increases the risk of stroke by five times compared to people without AF. This risk is just as high even if someone does not feel any symptoms of AF, or if they only have occasional episodes of AF.

Anticoagulation therapy is recommended by medical guidelines as the most effective therapy for the prevention of AF-related stroke. Anticoagulants aim to prevent the blood from forming a clot, and can reduce the risk of AF-related stroke by two thirds.

Assessing your personal risk

AF-stroke risk varies significantly from person to person. To work out your individual stroke risk your doctor will apply the scoring system to the right (or similar).

Your annual stroke risk will vary from under 1% for a score of zero and to over 15% with a score of nine.

In some circumstances your doctor may recommend an anticoagulant even with a score of one.

No anticoagulation is required if your score is zero if male, or 1 if female.

Be aware it is possible that your stroke risk might change as you get older and develop other medical problems. Therefore your doctor will review your stroke risk annually.

	Risk Factor	Score
C	Congestive heart failure/Left ventricular dysfunction	1
H	Hypertension - treated high blood pressure	1
A ²	Age 75+	2
D	Diabetes	1
S ²	Stroke/TIA/TE (thromboembolism)	2
V	Vascular disease - coronary artery disease (CAD), myocardial infarction (heart attack), peripheral artery disease (PAD), or aortic plaque	1
A	Age 65-74	1
Sc	Sex - Female gender	1

Treating atrial fibrillation

There are a number of different treatment options and variations of these treatments. All types of treatment aim to manage and control symptoms, restore a normal heart rhythm and reduce the risk of AF-related stroke.

Medication

Commonly, the initial treatment for AF is drug therapy. The medications used aim to restore the heart back to normal sinus rhythm, and these are known as anti-arrhythmic drugs. They work by blocking specific electrical conduction channels in the heart. Some drugs slow the activation of the heart muscle, and others slow the recovery of the heart muscle.

Different medications are effective for particular rhythm disturbances, so your doctor will make an assessment based upon your symptoms and the details of your diagnosis.

Cardioversion

While this can be offered as a treatment at any stage, it has been found that patients have a greater chance of benefitting from a successful cardioversion if given within the first year of onset of AF.

Please see AF Association booklet Treatment Options for Atrial Fibrillation for further information.

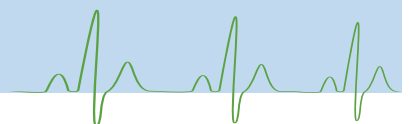
Ablation

If your AF does not successfully respond to medication, or if the symptoms you may be experiencing become worse, you may be considered for an ablation procedure.

The purpose of an ablation is to stop the rogue electrical pulses that cause atrial fibrillation which are found in the left atria of the heart. To achieve this, small areas of the tissue are destroyed, commonly using heat or freezing techniques.

Questions you may wish to ask your doctor

- Will the medication I am taking be affected by other medication?
- How often will I need blood tests to check my blood thinning levels (International Normalised Ratio – INR)?
- Does the GP's surgery offer INR testing, or where will I need to go for this?
- Will food or drink affect my AF or medication?
- How often will I need to have a check-up?
- Who can I call if I feel more unwell than usual?
- How can I find out further information?
- Is there a local AF patient support group?



For either a cardioversion or catheter ablation, you will be referred to the cardiology department of a hospital to see either a cardiologist (a doctor specialising in the heart) or an electrophysiologist or EP (a cardiologist who specialises in heart rhythm disorders).

For more information about cardioversion or ablation, please contact AF Association on 01789 867502 or email info@afa.org.uk.

Check points for follow up appointments

	Yes	No	When (date)	Notes
Did you have symptoms at the time of diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>
Have these symptoms been eased by treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you now had an ECG?	<input type="checkbox"/>	<input type="checkbox"/>
Did this confirm atrial fibrillation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had blood tests?	<input type="checkbox"/>	<input type="checkbox"/>
Was the result from the test on your thyroid gland normal?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told you are not diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told the type of atrial fibrillation?	<input type="checkbox"/>	<input type="checkbox"/>
Paroxysmal Atrial Fibrillation	<input type="checkbox"/>		
Persistent Atrial Fibrillation	<input type="checkbox"/>		
Permanent Atrial Fibrillation	<input type="checkbox"/>		
Have you been referred to a cardiologist for further assessment?	<input type="checkbox"/>	<input type="checkbox"/>

List any medications you are taking

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Notes

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How frequently do you experience episodes?

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Are there any particular triggers for your episodes?

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What are your symptoms?

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This booklet has been written to support AF patients who struggle to find information on these debilitating conditions. Without donations and fundraising, we would not be able to provide support through our award-winning resources and helpline.

Please donate to support our vital work at www.afa-international.org

Glossary

Antiarrhythmic drugs

Drugs used to restore normal heart rhythm.

Anticoagulants

Drugs which help to reduce the risk of blood clots in the circulation, preventing AF-related stroke.

Atrial fibrillation (AF)

A common heart rhythm disorder that causes an irregular and often abnormally fast heart rate.

Atrial flutter

A heart rhythm disorder characterised by a rapid but regular atrial rate but not as high as atrial fibrillation.

Cardiologist

A doctor who has specialised in the diagnosis and treatment of patients with a heart condition.

Cardioversion

A therapy to treat atrial fibrillation or atrial flutter which uses an electrical shock to revert the heart back into sinus rhythm.

Catheter ablation

A treatment which attempts to seal off the faulty misfiring electrical signals inside the heart preventing them from causing the AF.

Echocardiogram

An image of the heart using echocardiography or sound wave-based technology to show a multidimensional shot of the heart.

Electrophysiologist

A cardiologist who has specialised in heart rhythm disorders.

Heart failure

The inability (failure) of the heart to pump oxygenated blood sufficiently around the body to meet physiological requirements.

Sinus rhythm

Normal rhythm of the heart.

Stroke

A medical condition which may be referred to as a 'brain attack' where the brain is deprived of oxygen. Strokes can vary in severity.

Please remember that this publication provides general guidelines only. Individuals should always discuss their condition with a healthcare professional.

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For a full list of publications on all arrhythmias including AF and syncope, please contact us.



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If you would like further information or would like to provide feedback please contact AF Association.