



## Patient information: Atrial fibrillation (Beyond the Basics)

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This leaflet has been prepared for you because you suffer from Atrial fibrillation.

### ATRIAL FIBRILLATION OVERVIEW

Atrial fibrillation (also called AF or a-fib) is an abnormal rhythm of the heart. It is quite common, affecting approximately 1% of the UK population. It is seen more frequently with advancing age; from 0.7% in people aged 55-59 years to 18% in those older than 85 years. It occurs more in males than in females.

### WHAT IS ATRIAL FIBRILLATION?

In atrial fibrillation, part of the heart (the upper chambers, or atria) does not work correctly because of abnormal electrical activity. This means that blood is not forcefully moved out of these chambers. The blood that remains in the atria becomes "sluggish" or static, which allows blood clots to form (see 'Risk of stroke' below). Atrial fibrillation can be intermittent and stop on its own (paroxysmal), continue for several days and require treatment (persistent), or be present all the time (permanent).

### RISK OF STROKE

A serious complication associated with atrial fibrillation is stroke, which can lead to permanent brain damage. A stroke can occur if a blood clot forms in the left atrium because of sluggish blood flow and a piece of the clot (called an embolus) breaks off. The embolus enters the blood circulation and can block a small blood vessel. If this happens in the brain, a stroke can occur. The embolus may also travel to the eye, kidneys, spine, or important arteries of the arms or legs. When the symptoms of a stroke resolve completely within 24 hours, it is called a transient ischemic attack (TIA); many patients refer to this as a "mini-stroke."

Like atrial fibrillation, the risk of stroke increases with age. Without preventive treatment (eg, blood thinners), stroke occurs in approximately 1.3 percent of people with AF who are 50 to 59 years each year and increases gradually to 5 percent each year for people 80 to 89 years. The other risk factors for stroke include diabetes, high blood pressure, congestive heart failure, or prior stroke or embolus.

Taking a blood thinner lowers the risk of stroke (see 'Treatment to prevent blood clots' below). Blood thinners used in this setting include warfarin (Coumadin®), aspirin, or a new agent called dabigatran (Pradaxa®).



This leaflet has been prepared for you because your GP considers you may benefit from treatment with anti-coagulants.

## TREATMENT TO PREVENT BLOOD CLOTS

People with atrial fibrillation have an increased risk of stroke as a result of blood clots that can form in the heart. As a result, most people are advised to use a treatment to reduce the risk of developing blood clots. The most commonly used treatments include anti-coagulants (also called blood thinners) or anti-platelet drugs (such as aspirin).

Anticoagulant drugs — Taking an anti-coagulant (blood thinner) can reduce the risk of having a stroke by approximately 50 to 70 percent.

Warfarin is an anti-coagulant that has been used for many years, but a major problem with it is that it increases the risk of bleeding. The most serious type of bleeding is bleeding into the brain. However, the benefit of preventing strokes is greater than the small risk of bleeding into the brain in most cases. If you take warfarin, you will need careful monitoring with periodic blood tests to be sure you are taking the right dose of warfarin.

Dabigatran, apixaban, and rivaroxaban are newer anti-coagulants that work as well as warfarin, and are as safe, but don't require periodic blood tests. Patients should discuss with their doctors whether one of these newer agents is better for them than warfarin.

Anti-platelet drugs — Anti-coagulants are the most effective treatment for preventing blood clots in patients at high-risk of stroke. However, treatment with anti-platelet drugs is a reasonable option in certain people. Aspirin is the most frequently used of this kind.

## WHERE TO GET MORE INFORMATION

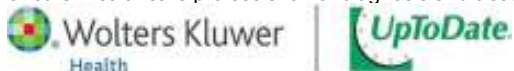
This was compiled from the health information web pages:



<http://www.patient.co.uk/doctor/atrial-fibrillation>

<http://www.patient.co.uk/doctor/Oral-Anticoagulants.htm>

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<http://www.uptodate.com/contents/atrial-fibrillation-beyond-the-basics>

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