

# Atrial Fibrillation

Dr Richard Thomson

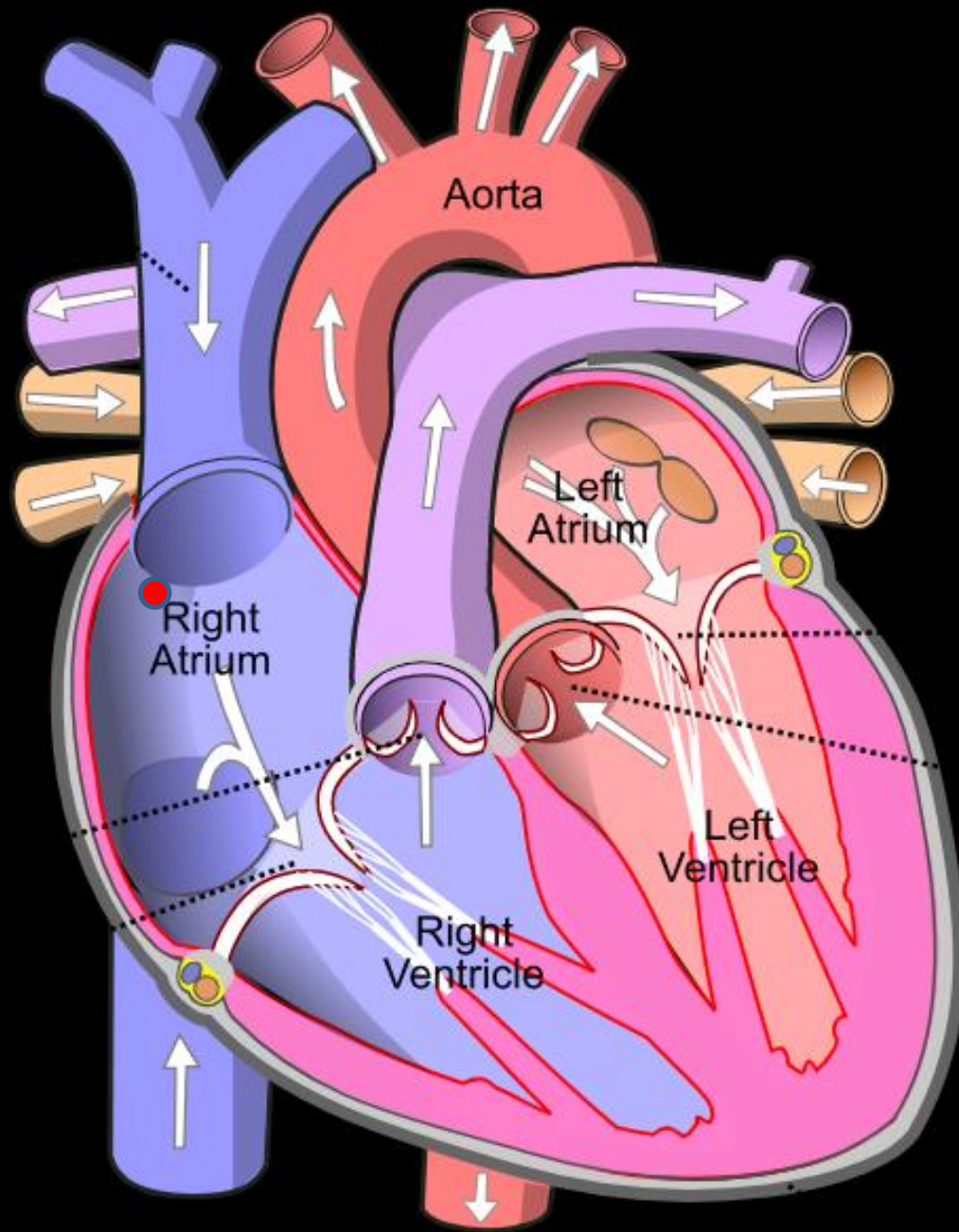
Monday 25<sup>th</sup> February 2019

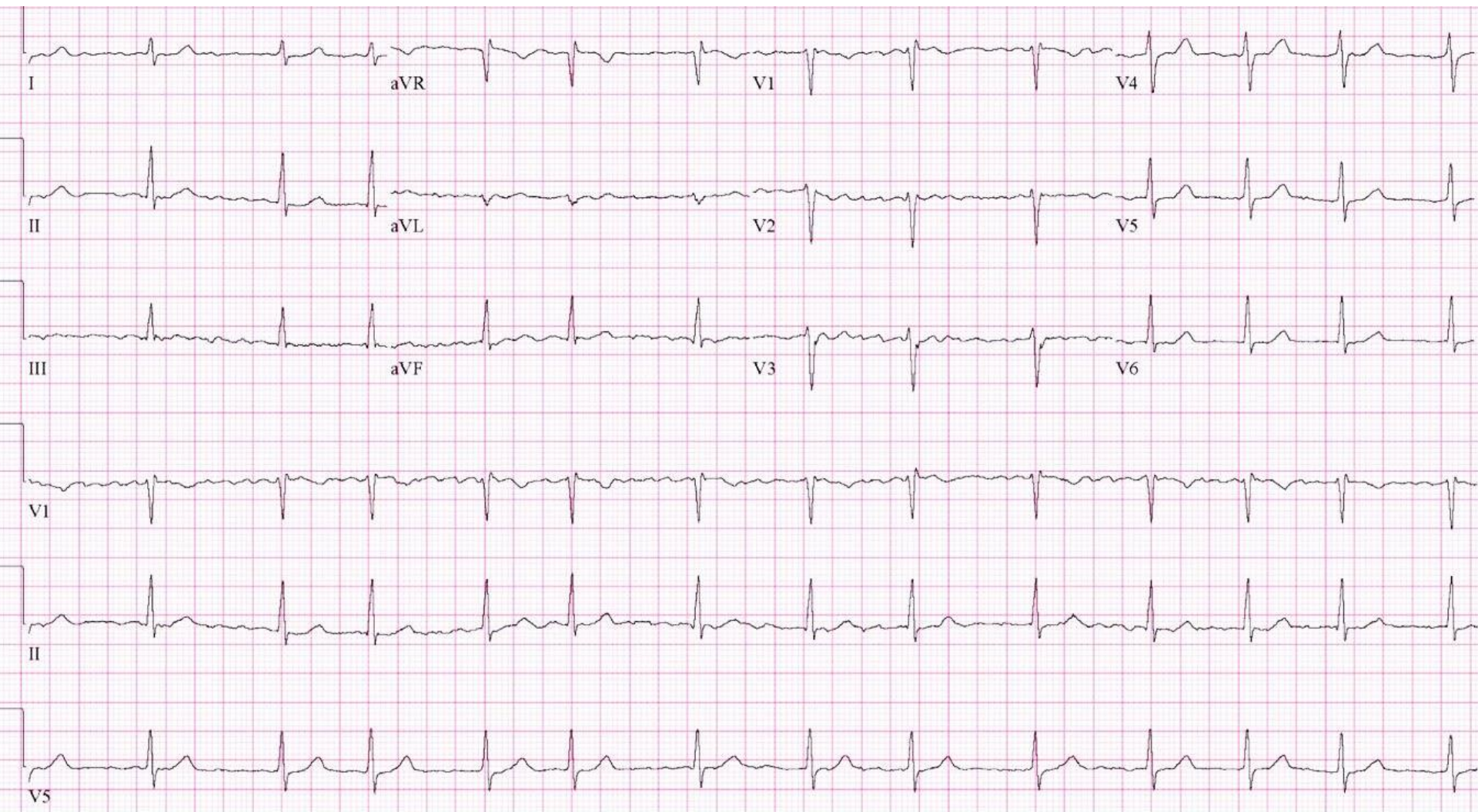
# Atrial Fibrillation

- What is AF?
- Why is it important?
- How to prevent AF?
- How is it diagnosed?
- What treatment options are there?

# What is AF

- *“My heart flip-flops, skips beats, and feels like it’s banging against my chest wall, especially if I’m carrying stuff up my stairs or bending down.”*
- *“I was nauseated, light-headed, and weak. I had a really fast heartbeat and felt like I was gasping for air.”*
- *“I had no symptoms at all. I discovered my AF at a regular check-up. I’m glad we found it early.”*





# ATRIAL FIBRILLATION (AF)

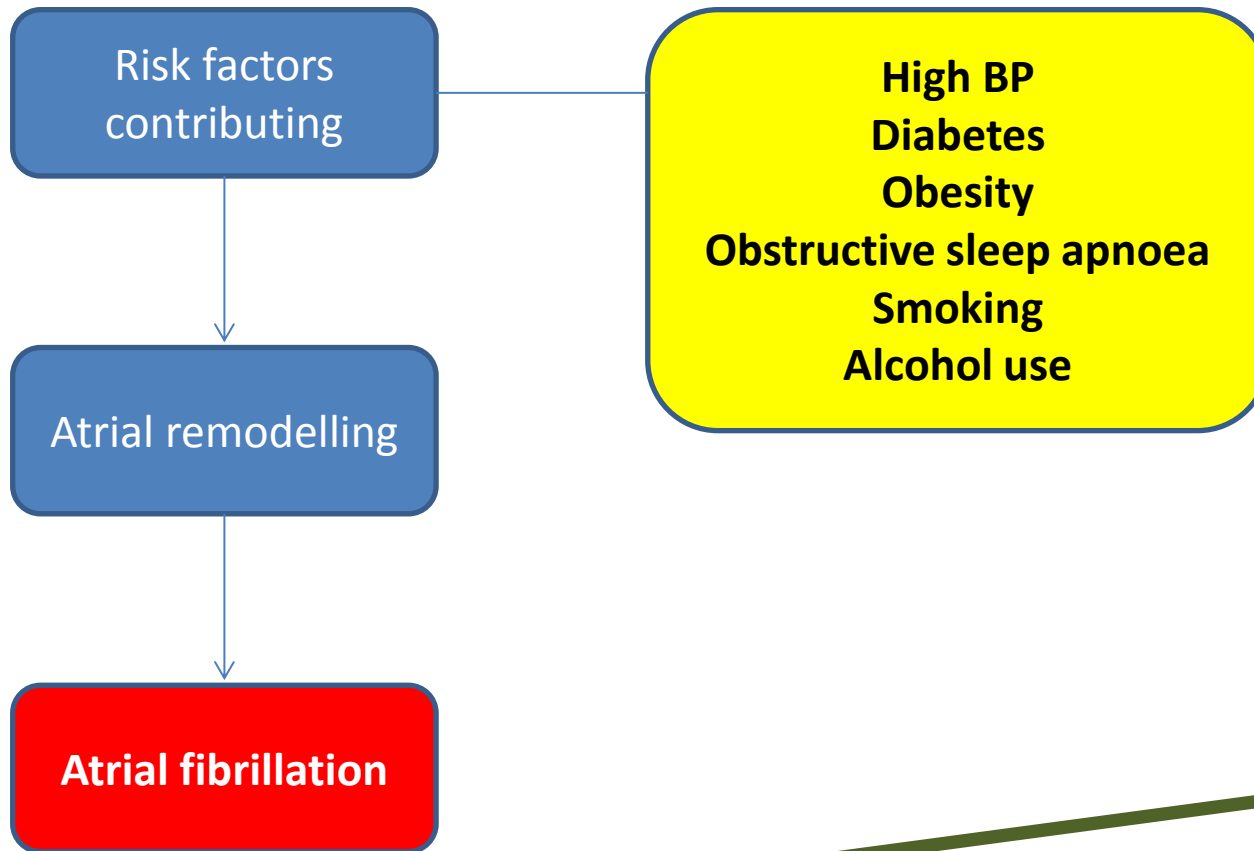
AF PATIENTS HAVE A **5 TIMES** GREATER RISK FOR A STROKE

20% OF STROKES ARE CAUSED BY AF

- 1.2 MILLION PEOPLE WITH KNOWN AF
- ESTIMATED 0.5 MILLION WITH UNDIAGNOSED AF

2 fold increased risk for dementia

TREATING ALL ATRIAL FIBRILLATION PATIENTS APPROPRIATELY WITH ANTICOAGULANTS COULD PREVENT **7,000 STROKES** AND SAVE **2,000 LIVES** IN ENGLAND EVERY YEAR\*



ARREST AF study  
Danish Diet, Cancer and Health Study  
CardioFIT study

## **Obesity**

- For every increase in BMI by 1 point the risk of AF increases by 5%
- The influence of obesity starts in childhood
- 18% of AF could be prevented by achieving optimal body weight

## **Physical Activity**

Complex picture but the fitter you are the less the risk of AF and less risk of recurrence

## **Alcohol**

Less than 7 units/week is probable safe  
>7 units/week in men is associated with increased risk  
>14 units in both sexes is associated with rapidly increasing risk



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- How to prevent AF?
  
- **What treatment options are there?**

# ATRIAL FIBRILLATION



STROKE PREVENTION

RATE MANAGEMENT

RHYTHM CONTROL

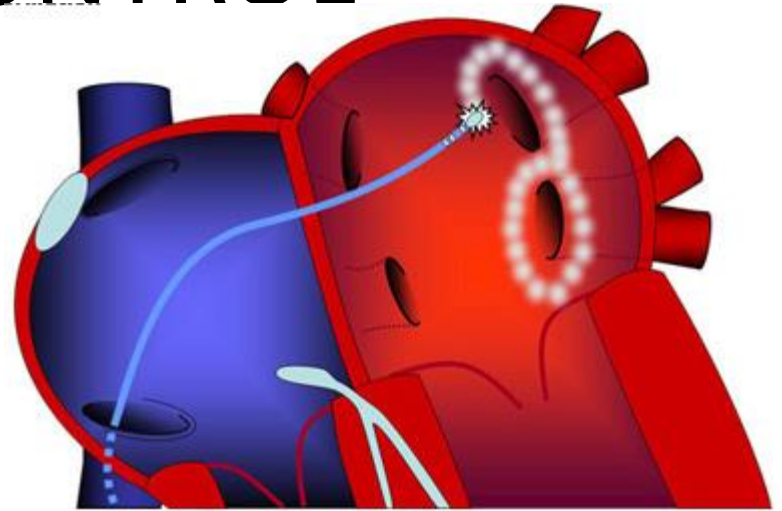
REDUCING BURDEN OF  
SYMPTOMS THROUGH SELF HELP

# RHYTHM CONTROL

- Cardioversion might be suitable for people with:
  - a short history
  - a reversible cause
  - in heart failure due solely to AF
  - No obvious predisposition to AF

# RHYTHM CONTROL

- Ablation therapy
  - Younger patients
  - Paroxysmal AF
  - Symptomatic
  - Structurally normal heart (no Left Atrium dilatation)
  - 50-80% success rate long term
  - 1:100 risk of needing a pacemaker



# RATE MANAGEMENT

- Typically use beta blockers (eg bisoprolol)
- Alternatives include Calcium Channel Blockers (eg verapamil and diltiazem) and digoxin
- Aim for resting rate 60-80
- Can be more lenient if side effects

# STROKE PREVENTION

CHADS-2-VASC score

Warfarin  
"DOAC", eg  
rivaroxaban,  
apixaban

SCORE	RISK	RECOMMENDATION
0	LOW	NO ANTICOAGULATION
1	MEDIUM (1.3% PA)	CONSIDER ANTICOAGULATION
2+	HIGH (>2.2% PA)	ANTICOAGULATION

# Monitoring

Annual medication review to include check of pulse and BP.

Regular INR blood tests if on warfarin (typically weekly upto 12 weekly).

Annual blood tests if on a DOAC.

# Key messages

AF is a common problem that carries a significant risk of stroke

Preventable

If you have AF, anticoagulation is the best way to manage the risk of stroke