

Understanding atrial fibrillation (AF) of the heart

Department of Cardiology

Information for Patients

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What is atrial fibrillation?

Atrial fibrillation is also known as AF. AF is a heart condition that causes an irregular and often abnormally fast heart rate. It starts when extra electrical signals fire within the top chambers of the heart causing them to wobble. The bottom chambers get the extra signals at an uneven speed causing them to beat faster too. Your wrist pulse will feel uneven and often fast and can be seen on an ECG (electrocardiogram).

What are the symptoms?

Some people don't have any symptoms at all or get used to their symptoms over time. You may feel:

- palpitations,
- short of breath,
- dizzy,
- tired,
- chest pain.

What test can I have to find out if I have AF?

An ECG (electrocardiogram). This records the rhythm, rate and electrical activity in your heart.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

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How is it treated?

There are 2 ways to treat AF:

Rate control – slowing the speed of the AF using medicines, but letting the uneven rhythm continue.

Rhythm control – trying to correct the uneven rhythm to a normal (sinus) rhythm. This may be using medicines and/or a cardioversion. This is a simple day case procedure. It is done under sedation.

Your treatment will depend on your symptoms and your doctor can talk to you about these.

If there are any changes to your medicines you will get a copy of your consultation letter explaining the changes. Your GP will also get a copy of this letter so that your prescription can be updated.

If you are referred for a cardioversion you will get a separate patient information leaflet to explain the procedure in more detail. ([Having a cardioversion for your irregular heart rhythm](#) leaflet 813 available on YourHealth yourhealth.leicestershospitals.nhs.uk/)

What are the risks of AF?

AF is not life threatening but does have a risk of stroke as it increases the chance of a blood clot forming inside the heart chambers. This can travel through your bloodstream to your head. Your doctor will assess your risk of stroke and decide if you need a tablet called a blood thinner (anticoagulant).

What causes AF?

A risk factor is something that increases your risk of getting a disease or condition. Those AF risk factors which we have some control over are:

- **Blood pressure**

High blood pressure increases your risk of getting AF and affects the control of it. As a general guide high blood pressure is said to be 140/90 or above. Ideal blood pressure is said to be under 120/80. Speak to your GP if your blood pressure is high.

- **Alcohol**

Drinking too much alcohol increases your risk of getting AF. Not drinking alcohol will always be the safest choice. However, drinking up to 14 units a week is said to be “low risk”. The size and strength of a drink will decide how many units it has.

- **Smoking**

Smoking increases your risk of getting heart disease by harming the arteries that supply your heart muscle with oxygen rich blood. Heart disease increases your risk of getting AF.

- **Obesity**

Obesity increases your risk of getting AF and you are more likely to have symptoms. If you have had treatment to restore your normal heart (sinus) rhythm then weight loss will improve your chances of staying in this normal rhythm.

Exercise guidelines

People who have AF sometimes worry if it is safe to exercise. Your heart is a muscle and like other muscles in your body, it needs to have exercise. Because AF affects how well the heart pumps and reduces the amount of blood that gets to the muscles during exercise you may feel tired.

Things to think about when exercising:

- Start little and often if you get tired easily.
- You must warm up at the start and cool down at the end to let your heart rate go back to normal, do not stop suddenly.
- If you need to stop because you feel unwell then keep your feet moving even if sitting in a chair. This will help to stop your blood pressure from going down too quickly.
- Tablets for AF can slow down your heart rate which can stop you from reaching your target heart rate during exercise. This does not mean that exercise is not good for you.
- Heart rate monitors may not work right when you are in AF and so think about how hard you are working. You need to feel it's "somewhat hard" so you can still speak but in broken sentences without gasping.
- Make sure your AF is as well controlled as possible before starting exercise and take your tablets as prescribed. If you have any other health conditions you should get medical advice before starting a new exercise program.
- Live Well website www.nhs.uk/live-well has more information about risk factors and exercise.

Contact details

Cardiac Rhythm Nurses on 0116 258 3848 (answerphone available) or your G.P or Cardiologist if you have any queries about your AF.

Please note that this not an emergency phone number.

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