Four AFib Treatment Options Worth Considering

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AFib Treatment: Choosing an AFib Treatment That Works

Atrial fibrillation (AFib), a heart arrhythmia, affects millions of people worldwide. If you have AFib, it's important to seek treatment to determine its cause and prevent severe complications from occurring.

The foundation of AFib treatment focuses on following four areas:

- Controlling the heart rate and converting the irregular rhythm back to normal
- Blood clot prevention
- Reducing the risk of strokes
- Identifying and developing a treatment strategy for any underlying conditions causing or contributing to your AFib

The American Heart Association states that some of the fundamental decisions in the treatment of AFib consist of stroke prevention and determining the necessity of anticoagulant therapy. The other piece to this puzzle is identifying options to control heart rate and irregular rhythm.

Your healthcare team, which can consist of your primary physician, cardiologist, and any other physician specialists will create your plan of care based on your age, the type of AFib you have, your symptoms, your previous history and the presence of any underlying conditions contributing or causing the arrhythmia.

Effective treatment for people with AFib is vital because AFib can cause other significant medical problems. Individuals who have AFib are often at an increased risk of blood clot formation that can lead to a stroke.

If you have suffered from persistent uncontrolled AFib, your heart muscle can weaken, which will cause heart failure. Heart failure means that your heart has lost some of its pumping strength and is unable to move enough blood to the rest of the body to meet its regular daily needs.

Standard treatment options for AFib include medications, cardioversion, and implantable devices or surgery to control heart rate, rhythm, and decrease the risk of blood clot formation. Healthy lifestyle choices will also help to reduce triggers that lead to AFib episodes.

AFib Symptoms and Diagnosis

Episodes of AFib often share similar traits. AFib can occur regardless of whether you have a history of heart problems. AFib symptoms begin without warning and include:

- Fluttering or pounding in the chest known as palpitations
- Confusion
- Fast irregular heartbeat

- Shortness of breath
- Dizziness
- Fatigue
- Tightness in the chest or the neck
- Weakness
- Sweating

Your physician will assess your symptoms and use one or more of the following options to diagnose AFib:

- **An ECG records your heart's electrical activity.** ECGs are a first-line method for detecting the presence of AFib.
- **Holter monitor.** A Holter monitor is a compact, self-contained ECG device that you wear for 24 to 48 hours, or sometimes longer depending on what your physician believes is necessary. The apparatus records continuous ECG activity for the designated period so that your Dr. can see how often your AFib is happening.
- **Event recorder.** This device, also portable, tracks your heart rhythm for a longer duration than a Holter monitor and can record activity for as long as several months. You should activate the event recorder only if you feel signs or symptoms of an accelerated heart rate.
- **An echocardiogram uses ultrasound technology to measure your heart's pumping capacity and shows video images of your heart in action.** The imaging helps your physician detect any structural problems that could suggest different kinds of heart disease.
- **Blood tests.** A blood test will help prevent the possibility of other AFib causes such as thyroid issues.
- **Stress tests.** A stress test will elevate the heart rate to levels experienced during exercise to see if a significant rise triggers AFib.
- **A chest x-ray is another form of imaging that your physician uses to assess your heart and lung condition.** He or she will review the pictures to see if there are physical abnormalities in those areas that are causing your AFib.

Treatment for AFib

One of the keys to effective treatment for AFib is early diagnosis so that your physician can develop and implement a comprehensive plan before serious problems occur.

AFib treatment may consist of medications, nonsurgical interventions, surgical techniques and lifestyle changes. Continue reading to learn more about AFib treatments.

Next page: Medications for AFib and nonsurgical intervention options.

Medications for AFib

The medications prescribed for AFib treatment fall into three categories: drugs to manage the heart rate, drugs that regulate the rhythm, and drugs that reduce the risk of clot formation.

Heart Rate Control

The three types of medications used to regulate heart rate are beta-blockers, calcium channel blockers, and digoxin.

- Beta-blockers slow the heart rate and keep it in the normal. They also decrease the heart's workload, which helps reduce the strain on the heart muscle over time.

Beta-blockers also reduce blood pumped by the heart, which lowers blood pressure.

Some examples of beta-blockers include atenolol, sotalol, metoprolol, nadolol, and propranolol.

- Calcium channel blockers decrease heart rate and help to limit the strength of muscle contraction. Diltiazem and verapamil are both examples of calcium channel blockers currently in use.
- Digoxin slows the electrical conduction rate of the impulses that move from the atria to the ventricles. Digoxin is sometimes the second option after calcium channel blockers or beta-blockers.

Rhythm Regulation

Antiarrhythmic drugs convert AFib back into the normal rhythm. The particular antiarrhythmic drug of choice depends on the type of AFib you have (paroxysmal, persistent, long-standing, permanent, or non-valvular).

- The antiarrhythmic medications prescribed for AFib include flecainide, amiodarone, dronedarone, propafenone, quinidine, and dofetilide.
- Some people need more than one antiarrhythmic medication to achieve rhythm control.

Blood Clot Prevention

Blood-thinning medications help reduce the blood's thickness so that it is less likely to form clots. If you have had blood clots or have a high risk of developing them in the future, your physician will prescribe either an anticoagulant or antiplatelet drug.

- Anticoagulants reduce the risk of stroke by decreasing the formation of blood clots. Your doctor will assess whether you are a candidate for the medication in this category based on your medical history, which will take into account if you have had any previous problems with blood clots, diabetes high blood pressure, stroke, heart failure or other types of heart disease.

The anticoagulants most often used in conjunction with AFib are warfarin, apixaban, dabigatran, edoxaban, and rivaroxaban.

The American Heart Association has a scale called the CHA_2DS_{2-}VASc risk calculator to help your physician determine if anticoagulant therapy is right for you. The tool evaluates your risk in the following areas:

- **C**ongestive heart failure
- **H**ypertension
- **A**ge (75 or greater)
- **D**iabetes
- **S**troke (previous history)
    - **V**ascular disease (history of aortic plaque, heart attack, or peripheral artery disease
    - **A**ge 65 to 74
    - **S**ex (female)

Your total score will give your doctor the information needed to decide on whether you need to start on an anticoagulant regimen.

- Antiplatelets reduce the ability of the platelets in your bloodstream to stick together and form clots. Platelets act as one of your body's mechanisms to stop bleeding, such as when you cut your finger.

The antiplatelet medications often prescribed for treating AFib are aspirin and clopidogrel.

Nonsurgical Intervention Options

Cardioversion

Cardioversion is a therapy used to treat AFib episodes, but it isn't always effective in returning the heart to its regular rate. Web MD's information on AFib treatment reports that roughly 50% of individuals who have cardioversion revert to AFib.

Cardioversion takes place in a hospital or outpatient clinic office for close supervision of the heart's response to the procedure. Cardioversion uses a low-level electrical shock, delivered with a device called a cardiac defibrillator, to jolt the heart back into a normal rhythm.

Cardioversion is not an option if your AFib episode has lasted longer than two days because it can elevate the risk of blood clot formation.

Ablation

An electrophysiologist, who is a physician specializing in heart rhythms will assess your AFib and determine the type of ablation that is appropriate for you.

Catheter Ablation

Catheter ablation is a procedure that will help to stop the extra electrical impulses that other areas of the heart send to the atria. The technique is often the treatment of choice if medication or cardioversion has not converted AFib back to a consistent regular rhythm.

Then electrophysiologist performs the procedure, which usually takes 2 to 3 hours and requires administration of a general anesthetic to help you fall asleep. The electrophysiologist threads a small thin wire called a catheter into an area of the groin and advances it toward the heart.

The catheter uses an energy source like high-frequency radio waves to emit a quick surge of heat or cold that destroys the tissue causing the irregular electrical activity. The electrophysiologist will create these injuries in several areas of the heart.

When healing occurs, scar tissue will form, and it will block transmission of the unwanted electrical signals.

AV Node Ablation

An AV node ablation involves sending a dose of radiofrequency energy to the area of the heart that links the atria and ventricles. This kind of ablation is like a catheter ablation as the small wire inserted into the groin and transferred up to the heart delivers the energy.

AV node ablation results in a blockage of signals from the atria to the ventricles and requires pacemaker placement to keep the ventricles beating at the correct rate. Unlike a catheter ablation, the atria continue to fibrillate after AV node ablation.

Next page: Surgical treatment for AFib options and lifestyle changes for living with AFib, and more.

Surgical Techniques

Surgical treatment options available for management of AFib include pacemakers, a Maze procedure, and left atrial appendage closure.

Pacemaker

A pacemaker is a battery controlled device smaller than a deck of cards that your cardiologist or cardiac surgeon places underneath the skin close to the heart.

The device has tiny wires called electrodes that get attached to specific regions of the heart. These electrodes send out electrical signals to help return your heart to a regular rhythm.

The procedure requires a local anesthetic, so you are awake when your doctor is placing the device in your chest.

A pacemaker is often the choice when medication, cardioversion, or catheter ablation have been unsuccessful in returning your AFib to a regular rhythm.

A pacemaker is permanent and is only removed to replace the battery or any of the electrodes that have deteriorated over time.

Maze Procedure

The Maze procedure is a choice for individuals who are undergoing open-heart surgery to correct other issues and people who fail to have success with other treatment methods

Your cardiac surgeon will make several small, precise cuts in the atria that will create scar tissue when they heal. The scar tissue stops the extra electrical activity that triggers AFib.

Maze procedures are quite successful for many people, but in some cases, the AFib returns. In these instances, ablation is often the next treatment choice.

Left Atrial Appendage Closure

A left atrial appendage closure is an option your physician can recommend if you are at high risk of developing blood clots.

The left atrial appendage is a tiny sac located in the left atrium. With AFib, a high percentage of blood clots form within this sac.

Your physician will insert a catheter into one of the veins in your leg and guide it up towards the right atrium. The physician creates a small hole between the right and left atrium so that the catheter can pass into the left atrium.

Your physician will use the catheter place a device on the left atrial appendage that closes it and keeps blood from flowing in.

Candidates for a left atrial appendage closure have a high risk of bleeding and blood clot formation and aren’t eligible for anticoagulants or have had no success with them.

Evaluating and Treating Underlying Conditions

Other health conditions that you have will often contribute to the development of AFib. Those conditions include:

- Chronic lung disease
- Diabetes
- A family history of AFib
- High blood pressure
- Obesity
- Other forms of heart problems such as heart failure, heart attack, or heart valve disease
- Sleep apnea
- Thyroid disease

Lifestyle Changes With AFib

Lifestyle changes are an essential aspect of successful long-term management of AFib. Learning and implementing heart-healthy choices will help you reduce the chances of experiencing an AFib episode.

You can decrease the problems connected with AFib if you follow these essential steps:

- Start and maintain a regular physical activity schedule. The American Heart Association recommends at

least 30 minutes of moderate aerobic exercise at least five days a week or 25 minutes of brisk aerobic activity three days per week.

The guidelines also recommend moderate to high-intensity strength training two or more days per week. If you're concerned about raising heart rate too much with exertion, ask for guidance from your physician or an exercise professional with a certification in exercise prescription for people with cardiac issues.

- Develop and follow an eating plan that is low in salt, cholesterol, saturated fat, and trans fats. Cut your consumption of canned, processed, and packaged foods as much as possible.

Eat a wide variety of fresh and frozen fruits, and vegetables Choose meets that are lean or extra lean and include weekly consumption of oily fish and other seafood.

Include nuts and seeds as an alternative protein source. Whole-grain products are an excellent source of fiber and complex carbohydrates to include in your diet.

If you consume dairy products, use low-fat or fat-free options. Keep your servings of fats and oils to a moderate amount.

If you are taking a blood thinner, it's okay to eat green leafy vegetables as long as you do not increase your daily consumption. The American Heart Association's website has a wide variety of helpful suggestions about heart-healthy nutrition.

- Controlling your cholesterol and reaching and maintaining a weight that is healthy for your body's frame size corresponds to a heart-smart nutrition strategy. Find out from your physician what your cholesterol numbers and body weight should be.
- Keep your blood pressure well-controlled with regular physical activity, a low-salt diet, and take all your prescribed medications as directed by your physician.
- Cut back on or stop your intake of alcohol and caffeine. Drinking can lead to a bout of AFib and can also elevate your stroke risk.

The stimulant effects of caffeine can increase your chances of having it AFib episode.

- If you smoke, quitting is essential because the nicotine in cigarettes is a stimulant that can precipitate an AFib event. Giving up tobacco also decreases your risk of stroke and coronary artery disease.
- Rest is a priority for AFib sufferers. Getting enough sleep is critical because excessive fatigue is an AFib trigger for many individuals.

Allow yourself enough time to get eight hours of quality sleep per night and follow good sleep hygiene practices such as establishing a nightly pre-sleep routine and getting up at the same time every day. Incorporating rest periods into your day will help you relax and relieve physical and psychological stress.

- Learn about and apply proven techniques to help you manage your stress. Each person's life stressors are different, and you may find that spending regular time engaged in a hobby or joining a support group may work the best for you.

Also, don't decline offers of support from others when you need it.

Is There a Cure for AFib?

Currently, there is no cure for AFib that will correct all types of AFib in all individuals. AFib is a dilemma to address because medical studies have yet to understand all its underlying causes and triggers.

Sometimes people confuse the resolution of the condition with the cure. Unfortunately, AFib can come back any time, and once an individual has experienced it, they are at a higher risk of recurrent episodes.

Because of our unique physiological differences, it is impossible to develop a single medication or procedure that will stop AFib for all people who suffer from it. The good news is that innovative advancements aimed at curing AFib are happening, and research into promising alternatives is ongoing.

If you suffer from AFib, the best course of action is to consult with your medical team and explore all of the available treatment options for the type you have. Your healthcare providers will assess all possible causes of your AFib and will design a care model that presents you with the best chance for successful management.

If one treatment choice is not adequate, it’s wise to continue to pursue other available options. Your team stays updated on all the latest developments in AFib care and will be familiar with anything new that may be beneficial for you.

Remember always to ask questions so you can build a strong partnership with your team for the best possible outcome.