What Is Nonvalvular Atrial Fibrillation?

by KRYSTINA OSTERMEYER

Nonvalvular Atrial Fibrillation

What we simply know as atrial fibrillation (AFib) may be termed “nonvalvular atrial fibrillation” in the near future.

What a mouthful, right?

As of now, there isn’t a standard definition for nonvalvular atrial fibrillation. But we do know that sometimes, heart valve problems cause AFib – and occasionally, there are other causes, independent of heart valve issues, that cause AFib.

What Is Nonvalvular Atrial Fibrillation?

20 years ago, the primary cause of AFib rheumatic heart disease was still more common. This caused the mitral valve of the heart to harden and narrow, resulting in mitral stenosis. Mitral stenosis could ultimately cause AFib. This type of AFib could be termed a “valvular AFib.”

Now that rheumatic heart disease is on the decline, so is mitral stenosis. Thus, “valvular AFib” is on the decline as well.

However, AFib is not on the decline. For example, it is estimated that, in the United Kingdom, 1.5 million people may have AFib – and only 800,000 are properly diagnosed. So this stands to reason that nonvalvular AFib is on the rise – or AFib that is not caused by heart valve issues.

Causes of Nonvalvular Atrial Fibrillation

So, if nonvalvular AFib isn’t caused by a structural malformation of the heart, what exactly is it caused by? Well, *many things* can cause it! Here are some examples:

- Heart stimulants, such as tobacco, alcohol, and caffeine
- Severe illness
- Sleep apnea
- Hypertension
- Hyperthyroidism
- Lung problems

As it turns out that some people are at a higher risk for AFib. These people include:

- Men
- The aging population – the risk for AFib increases with age
- People with heart disease, or who have had a previous heart attack

- People who have certain chronic conditions, specifically lung disease, obesity, diabetes, and metabolic syndrome
- Being on high-dose steroids may also trigger AFib in some people

Symptoms of Nonvalvular Atrial Fibrillation

Symptoms of nonvalvular AFib are similar to that of valvular AFib. In fact, both types of AFib may have symptoms so slight that the person may not realize they have a heart condition – hence the reason why so many people are undiagnosed.

However, symptoms of AFib include:

- A fluttering in the chest
- Heart palpitations
- Chest discomfort, or chest pain
- Unexplained fatigue
- Shortness of breath
- Feeling faint

These symptoms are also similar to that of anginal chest pain, so it is important to seek emergency medical attention, should they occur.

Nonvalvular Atrial Fibrillation Treatment

There are several ways to treat nonvalvular AFib. Your physician may choose to treat your AFib with medications, or a procedure to return the heart to a normal rhythm.

Stroke Prevention

One of the main goals of treatment of AFib – regardless of type – is stroke prevention.

AFib increases the risk of a stroke because it can cause the heart to form blood clots. This is because of the atria quiver rather than pump effectively, and the blood pools in the atria. This pooled blood can form a blood clot – and if the clot gets pumped into circulation, a stroke or heart attack is likely to occur.

Medication

Unless contraindicated, your physician is likely to prescribe anticoagulation. One example is warfarin (Coumadin). Coumadin does increase the risk of bleeding and requires frequent blood monitoring.

There are several newer types of anticoagulants; examples include dabigatran (Pradaxa), rivaroxaban (Xarelto), and apixaban (Eliquis).

Your physician may also prescribe medications that are designed to bring your heart back into a normal rhythm (sinus rhythm.) Examples include sotalol (Betapace), dofetilide (Tikosyn), and amiodarone (Cordarone).

Surgery and/or Medical Devices

There are also various procedures that your physician may prescribe to return your heart to a normal rhythm.

- A **cardioversion** uses electricity to shock the heart back into a normal sinus rhythm.
- An **ablation** scars the parts of the heart that are responsible for causing your heart to “go” into AFib. When these parts of the heart are damaged, the heart generally returns to its normal sinus rhythm.
- A **maze procedure** is a heart surgery. Small incisions are made into the heart; then it is stitched back together; this causes scarring, which affects the electrical signals and returns the heart to a normal sinus

rhythm.
- A **pacemaker** is an implantable device, smaller than a deck of cards, that sends electrical impulses to the heart. These pulses keep the heart in a normal sinus rhythm.

AFib Lifestyle Changes

Lifestyle changes are also recommended. Why? If you take medication and/or have a procedure, if you don’t change certain aspects of your life, you may go back into AFib. So what kind of lifestyle changes are recommended?

Reducing sodium intake is a great idea. This is especially important if you have other heart conditions, such as heart disease or hypertension.

Reducing stress is also important. Doing what you can to eliminate stress in your life can reduce the stress on your heart.

If your AFib is linked to alcohol intake or drugs, it is best to avoid these substances.

Caffeine may worsen AFib in people who are caffeine-sensitive. If this sounds like you, reducing caffeine intake is important. This includes coffee, soda, tea, energy drinks, and chocolate.