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Stop Atrial Fibrillation

& Help Prevent Potentially Fatal Stroke

by Betsy van Die

Atrial fibrillation (AF or AFib) is the most common irregular arrhythmia (heart rhythm). It originates from the upper right and left chambers (atria) of the heart which leads to the lower chambers (ventricles). It is a serious condition affecting an estimated 2.66 million Americans, with the incidence expected to soar to 12 million by 2050. People age 40 and older have a 25 percent chance of developing AF at some point in their lives, and by the age of 80, an estimated 10 to 15 percent will have this condition. A normal heartbeat is about 60 to 80 times per minute at rest. In people with AF, abnormal electrical impulses in the atria cause the ventricle contraction (heartbeat) to be erratic, and in some cases, rapid. The atria can contract at a rate of 400-600 beats per minute, causing a disruption of blood flow to the ventricles and a resting heartbeat of 100-180 times per minute. "If left untreated, AF can lead to potentially fatal congestive heart failure and stroke. The mission of the Dr. Jeffrey Thomas Stroke Shield Foundation (SSF) is to reduce both the incidence and the impact of stroke, through technology and education. Research targeting demonstrated risk factors for stroke, like AF, is a vital focus of SSF," says Jeffrey E. Thomas, M.D., F.A.A.N.S., F.A.C.S., founder and chairman.

People with AF have a five-fold risk of stroke, with about 35 percent of all AF patients suffering a stroke during their lifetime. "The reason AF poses a serious stroke risk is because, when your heart doesn't pump properly and blood pools, clots have a propensity to form and these clots can travel quickly to the brain. Once inside the brain, a clot can become lodged in an artery and cause a stroke," says Dr. Thomas.

AF symptoms vary from person to person and can be chronic or fleeting. If your AF is occasional, and you happen to be at the doctor's office when your heartbeat is regular, the condition can easily be overlooked. An AF classification system was devised in 2006 and includes the following types:

- Paroxysmal or intermittent — episodes that come and go, but self resolve within one week
- Persistent — episodes that last beyond one week or require intervention to resolve
- Longstanding persistent — continuous AF that lasts longer than one year
- Permanent — persistent or longstanding persistent AF in which a decision has been made to not attempt to restore normal sinus rhythm by any means, including catheter or surgical ablation

Possible Symptoms

- Racing, irregular heartbeat
- Fluttering in the chest
- Heart palpitations
- Dizziness or lightheadedness
- Shortness of breath
- Chest pain
- Weakness
- Faintness
- Fatigue when exercising
- Sweating

Primary Causes

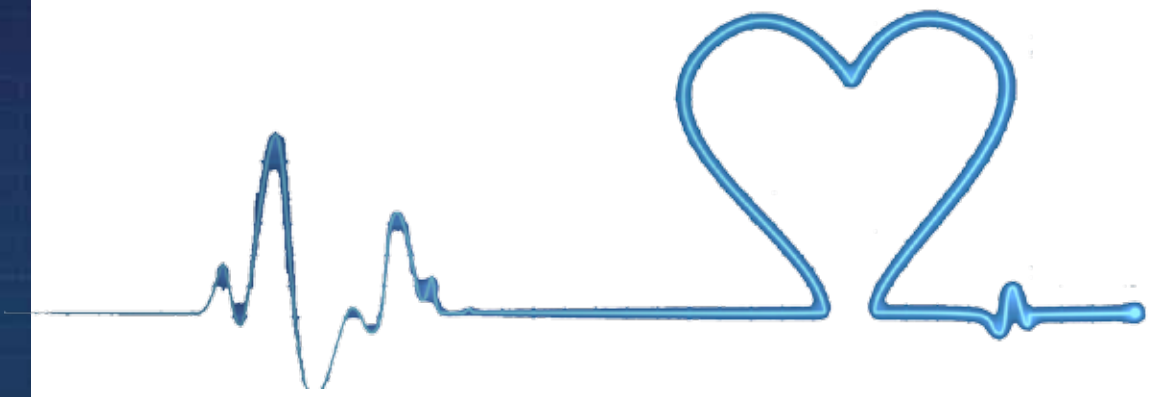
- High blood pressure
- Abnormal or defective heart valves
- Overactive thyroid
- Lung disease
- Exposure to stimulants including medications, caffeine, tobacco or alcohol

Secondary Causes

- Sleep apnea
- Viral infections
- Prior heart surgery

Diagnosis

Your physician will ask about your general health, medical history, symptoms, and alcohol or caffeine intake to help



determine contributing factors. Electrocardiogram (ECG or EKG) is the primary test to determine if an arrhythmia is AF. Additional diagnostic tests may include echocardiogram, Holter monitor, or mobile cardiac monitoring.

Medications

The goals of AF treatment are to slow down the heart rate, restore and maintain normal heart rhythm, and prevent blood clots which may lead to strokes. While the majority of AF patients are on blood thinners, a smaller number of patients are prescribed medication to slow down the heart rate and maintain normal rhythm.

Approved for human use in 1954, warfarin has long been prescribed as the anticoagulant of choice in patients with AF. Newer FDA-approved drugs including dabigatran (Pradaxa) and rivaroxaban (Xarelto), and Apixaban (Eliquis) — not yet FDA-approved, have greatly expanded pharmaceutical options. The American Heart Association/American Stroke Association recently issued a scientific advisory stating that all of the above anticoagulants can be considered for the prevention of stroke in patients with nonvalvular AF. Patients should be evaluated on a case-by-case basis due to varied contraindications/side effects associated with anticoagulants. Once they are prescribed, blood-clotting levels must be monitored on a regular basis with dosage adjustments made accordingly.

Minimally-invasive treatment

If medicine is ineffective or cannot be tolerated by the patient, a nonsurgical procedure called catheter ablation may be performed. Under light sedation, thin flexible wires are inserted into a vein in the groin and threaded up through the vein into the heart. An electrode, at the tip of the wire, sends out radio waves that create heat, destroying the heart tissue responsible for the arrhythmia. Some facilities currently cite success rates of 80 to 85 percent for first-time ablations and 95 percent for second ablations, but there are variances in the methodology for measuring success. Cryoablation is a newer technique in which extreme cold is used to destroy the abnormal heart tissue which has caused the arrhythmia.

AF Stroke Statistics

- AF causes 15 to 20 percent of all ischemic strokes.
- Stroke outcome is worse in AF patients, with 70 percent of all strokes being fatal.
- Studies indicate that well-controlled warfarin reduces the risk of stroke in people with AF by 50 to 65 percent.
- A recent 18,000-patient trial indicates that 150mg of Pradaxa twice daily is superior by 35 percent in reducing ischemic and hemorrhagic strokes in patients with nonvalvular AF, compared to well-controlled warfarin. GLM

Betsy van Die is a Chicago-area communications professional with more than 16 years of diverse public relations, media, design, and publishing experience. Van Die is currently working as a free-lance PR director for the San Francisco-based Stroke Shield Foundation. Prior to this, van Die was director of communications at the American Association of Neurological Surgeons, where she oversaw and implemented public relations and corporate communications activities of the organization.