



American  
Heart  
Association.

GETTING TO THE  
**HEART OF STROKE™**

# Living With Atrial Fibrillation (AFib)



A GUIDE FOR THOSE LIVING  
WITH AFIB AND THEIR LOVED ONES

# TABLE OF CONTENTS

SECTION 1:	<b>What is Atrial Fibrillation (AFib)?</b>
SECTION 2:	<b>Risk Factors for AFib</b>
SECTION 3:	<b>AFib Signs and Symptoms</b>
SECTION 4:	<b>Clinical Practice Guidelines: What to Know</b>
SECTION 5:	<b>Shared Decision-Making for People Living With AFib</b>
SECTION 6:	<b>Diagnosis of AFib</b>
SECTION 7:	<b>Treatment for AFib</b>
SECTION 8:	<b>Your AFib Care Team</b>
SECTION 9:	<b>Resources</b>
SECTION 10:	<b>Top 10 Takeaways</b>

# What is Atrial Fibrillation (AFib)?

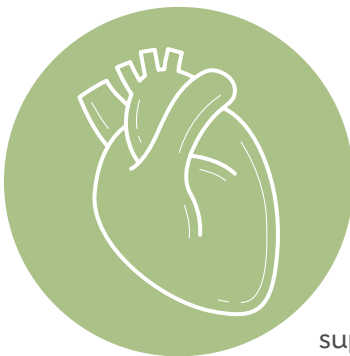
**Atrial fibrillation (AFib)** is a quivering or irregular heartbeat, also called arrhythmia. It can lead to blood clots, stroke, heart failure and other heart-related complications. People with AFib often describe it as feeling like their heart is flip-flopping or skipping beats. Some have said their hearts beat really fast and they feel like they have to gasp for air. Others may have no symptoms.

AFib can take different forms. People with **paroxysmal AFib** have episodes of AFib that come and go, and their heartbeat will naturally change back to a normal rhythm. People with **persistent AFib** have longer durations of AFib and may need medications or surgical procedures to restore their normal heart rhythm.

AFib is the most common type of irregular heart rhythm. Over 5 million Americans are living with AFib today, and more than 12 million are projected to have AFib by 2030.



## WHAT HAPPENS DURING AFIB?



Normally, your heart contracts and relaxes to a regular beat. In AFib, the upper chambers of the heart, or the atria, beat irregularly. *Watch an animation of what happens to the heart during AFib.*

Because not enough blood is being pumped out of the atria, blood pools in the area. The pooled blood can clot — which can be extremely dangerous. If a blood clot forms, it can be pumped out of the heart to the brain. This blocks the blood supply to the brain and causes a stroke.

About 15% to 20% of people who have strokes have this heart arrhythmia. The clot risk is why patients with this condition are prescribed medications, often called blood thinners, that stop clots from forming.

Untreated AFib doubles the risk of heart-related deaths and is associated with a fivefold increased risk for stroke. Yet many people are unaware that AFib is a serious condition.

## THE FOUR STAGES OF AFIB

Like many heart conditions, AFib is a progressive disease. It has four stages:



### Stage 1: At risk for AFib

You have not been diagnosed with AFib and can take action to prevent it from developing. You should talk with your health care professional about detecting and treating AFib early, especially if you have **risk factors for AFib**.



### Stage 2: Pre-AFib

You have not been diagnosed with AFib, but there may be abnormal structural or electrical functioning in your heart that can lead to it. Your health care professional will closely watch to see if AFib develops. You may begin treatment early to **slow or stop the progression**.



### Stage 3: AFib

You have been diagnosed with AFib. You and your health care professional will discuss how severe your condition is and the **best treatment for you**, which could include medications to control the heart's rhythm or rate, surgery or managing other existing health conditions. You will also learn how to reduce your risk of having a stroke. Your stroke risk may change as time goes on. Your health care team can use a risk calculator to determine your risk and guide treatment decisions.



### Stage 4: Permanent AFib

You have permanent AFib that can't be effectively treated with medications or surgery. You can still talk with your care team about **managing your other health conditions**, which may alleviate AFib symptoms, and assessing your yearly stroke risk.

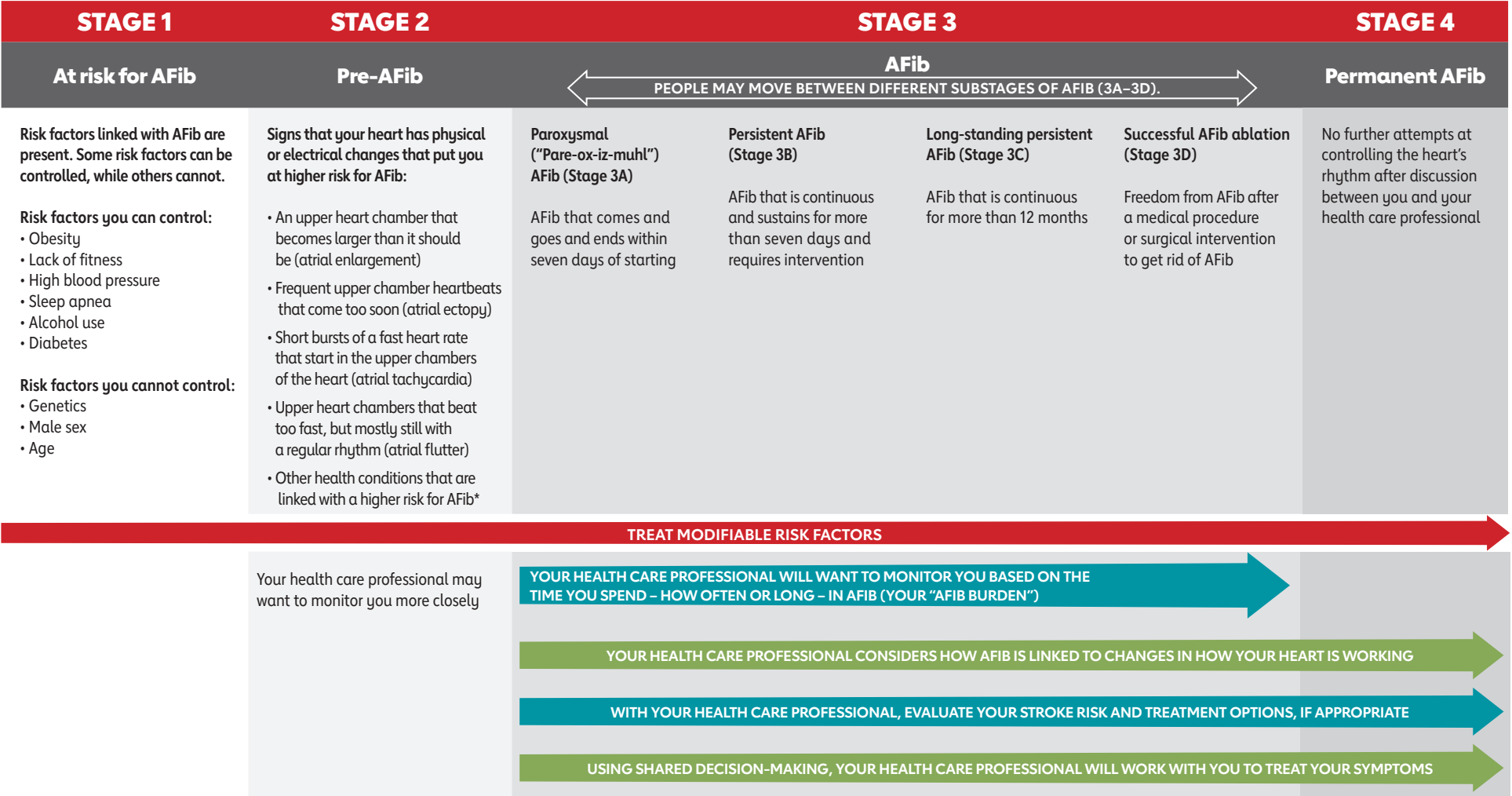
---

It's important to recognize the different stages of AFib because understanding your stage can help you prevent AFib, catch it early, or know how far your condition has progressed. You and your health care professional can then decide on the best treatment plan for you together.



# STAGES OF AFIB

Atrial fibrillation, or AFib, is when the heart’s two small upper chambers (atria) beat irregularly and too fast, quivering instead of contracting properly. AFib is a heart condition that can get worse over time. It has four stages. It’s important to know which stage you’re in so you can get the right treatment. You can also take steps to reduce your likelihood of getting AFib or of your AFib becoming worse.



Original figure created by the 2023 Atrial Fibrillation Guideline Writing Committee

**\* Other health conditions that are linked with a higher risk for AFib:**

- **Heart failure:** The heart isn’t pumping as well as it should. As a result, your body isn’t getting enough of the oxygen-rich blood it needs to work properly.
- **Valve disease:** Heart valves open and close to control blood flow through your heart. When one or more of these valves doesn’t work right, you can develop any of several conditions.
- **Coronary artery disease:** The buildup of fatty deposits (plaque) in the heart’s arteries that could lead to heart attack or ischemic stroke.
- **Hypertrophic cardiomyopathy:** A thickening of the lower main pumping chamber of the heart (the left ventricle).
- **Neuromuscular disorders:** These happen when your body has trouble with some of its nerves, muscles, or communicating between them.
- **Thyroid disease:** The thyroid is a gland that releases hormones that control how the entire body uses energy. It affects a number of organs. Thyroid disease can cause the thyroid to make too little or too much of the hormones, affecting how the heart can function.

# Risk Factors for AFib

**Anyone can develop AFib.** Because the likelihood of AFib increases with age and people are living longer today, medical researchers predict that the number of AFib cases will rise dramatically in coming years.

Certain traits and characteristics, such as your family history, lifestyle choices and age, can increase your risk of AFib. Some factors are out of your control, but most can be managed. It's important to discuss your unique set of risks with your health care professional to decrease your chance of having a stroke or other complications.



## FACTORS YOU CAN'T CONTROL

### Increasing age

Your risk of developing AFib goes up as you get older.

### Family history

Having a family member with AFib increases your chance of being diagnosed.



## FACTORS YOU CAN CONTROL

### Smoking

People who smoke have a higher risk of being diagnosed with AFib. Quitting tobacco will lower your chances of AFib as well as other heart conditions.

### Physical inactivity

Adding more activity each day can lower your AFib risk. Talk with your health care professional before starting an exercise program, especially if you're concerned about your heart health.

### Excessive alcohol consumption

Limiting the amount of alcohol you drink — or not drinking it at all — will reduce your risk for AFib.

### Obesity and being overweight

If you're overweight or obese, losing 10% of your body weight can lower your risk.

### Other health conditions.

Having other serious health condition can increase your risk for AFib, but managing them makes it easier to manage AFib as well. They include:

- High blood pressure
- Type 2 diabetes
- Thyroid disease
- Chronic kidney disease
- Obstructive sleep apnea
- Other heart disease



## FACTORS THAT DON'T AFFECT YOUR RISK

### Caffeine

Drinking normal amounts of caffeine — up to 400 milligrams, or four to five cups of coffee, per day — won't increase your risk of AFib. But people with AFib sometimes feel more aware of their heart racing after drinking caffeinated beverages.

### Taking supplements

Unless your health care professional directs you to take them, over-the-counter supplements don't reduce AFib risk.

# AFib Signs and Symptoms

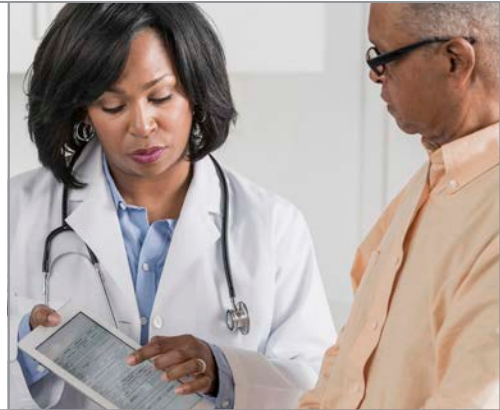
The most **common symptoms of AFib** are a quivering or fluttering heartbeat, shortness of breath and feeling lightheaded or dizzy. Other common symptoms include:

- General fatigue
- A rapid and irregular heartbeat
- Fluttering or “thumping” in your chest
- Anxiety
- Weakness
- Faintness or confusion
- Fatigue when exercising
- Sweating
- Chest pain or pressure:

**This is a medical emergency. You may be having a heart attack. Call 911 immediately if you have one of these feelings.**



Sometimes people with AFib have no symptoms and their condition is only detectable during a physical examination.



## DURATION OF AFIB SYMPTOMS

The duration of your AFib symptoms help your health care professional determine what type of AFib you have.

The following types of AFib generally have the same symptoms.

- **Paroxysmal AFib** is when your heart returns to a normal rhythm on its own, or with treatment, within seven days of abnormality. People who have this type of AFib may have episodes only a few times a year or their symptoms may occur every day. These symptoms are very unpredictable and can often turn into a permanent form of AFib.
- **Persistent AFib** is an irregular rhythm that lasts for longer than seven days. This type of AFib will not return to a normal rhythm on its own and will require some form of treatment.
- **Longstanding AFib** is when your heart is consistently in an irregular rhythm for longer than 12 months.
- **Permanent AFib** occurs when the condition lasts indefinitely, and you and your health care professional have decided not to continue trying to restore a normal rhythm.

**All types of AFib can increase your risk of stroke.** Even if you have no noticeable symptoms, you're nearly five times more likely to have a stroke than someone who doesn't have AFib.

## AFIB SYMPTOMS VERSUS HEART ATTACK SYMPTOMS

Fluttering and palpitations are symptoms of AFib. Those feelings are the key difference between AFib and a heart attack.

A heart attack is a blockage of blood flow to the heart. This often is caused by a clot or buildup of plaque lodging in the coronary artery (a blood vessel that carries blood to part of the heart muscle). A heart attack can damage or destroy part of your heart muscle. Some heart attacks are sudden and intense. Most start slowly, with mild pain or discomfort.

Many heart problems have similar warning signs. If you think you may be having a heart attack, get emergency help by calling 911 immediately.



## WARNING SIGNS OF A HEART ATTACK

Having AFib can put you at an increased risk for a heart attack. These are the warning signs you should know:

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath** with or without chest discomfort.
- **Breaking out in a cold sweat,** nausea or lightheadedness.



## WARNING SIGNS OF A STROKE

Spot a stroke **F.A.S.T.**, whether these warning signs are what you're feeling or you notice them in someone else:

- **Face drooping.** Does one side of the face droop, or is it numb? Try to smile. Is the smile uneven?
- **Arm weakness.** Is one arm weak or numb? Try raising both arms. Does one arm drift downward?
- **Speech difficulty.** Is speech slurred? Are you unable to speak or hard to understand? Repeat a simple sentence, like "The sky is blue."
- **Time to call 911.** If any of these symptoms are present, call 911 immediately. Note the time when the first symptoms appeared.

# F.A.S.T.

Face  
Drooping

Arm  
Weakness

Speech  
Difficulty

Time to  
Call 911



**CALL 911 IMMEDIATELY** if you notice one or more of these symptoms, even if they are temporary or seem to disappear. Stroke is an emergency.

## COMMON MEDICAL TERMS THAT DESCRIBE AFIB SYMPTOMS

You may encounter these terms when discussing your symptoms and treatment with health care professionals.

MEDICAL TERM	DEFINITION
<b>Atrial Fibrillation (AFib)</b>	Atrial fibrillation is a quivering or irregular heartbeat, or arrhythmia, that can lead to blood clots in the heart and increase the risk of having a stroke or heart failure.
<b>Sinus Rhythm</b>	The sinus rhythm is the heart's rhythm. The sinus node in the heart creates an electrical impulse that causes the heart to beat.
<b>Bradycardia</b>	A slower than normal heart rate.
<b>Tachycardia</b>	A faster than normal heart rate.
<b>Persistent AFib</b>	A type of AFib in which an abnormal heart rhythm lasts longer than seven days.
<b>Paroxysmal AFib</b>	A type of AFib in which an abnormal heart rhythm occurs and stops suddenly within seven days.
<b>Atrial Flutter</b>	A type of abnormal heart rhythm that is not as common as AFib.
<b>Palpitations</b>	A feeling that your heart is racing or pounding. Palpitations can be caused by diet, stress and health conditions. Health care professionals can help determine the cause.

# Clinical Practice Guidelines: What to Know

**Clinical practice guidelines are recommendations for treating a specific health condition.** They assist health care professionals in making informed decisions about your care, and they can help you understand your condition and treatment options. The American Heart Association and other heart health organizations published the clinical practice guidelines for diagnosing and managing atrial fibrillation in November 2023.

A group of health care professionals and scientists who study atrial fibrillation, as well as people living with AFib and their caregivers, spent months reviewing the latest research on AFib. After discussing the studies and ideas together, they wrote a list of recommendations for the best and safest ways to prevent, diagnose and treat this condition. The guidelines include information about AFib's possible causes and symptoms and the ways it affects people and their families.

The guidelines also highlight three important topics for you and your health care professionals to discuss. **They can be remembered with the abbreviation "SOS":**

**S**

**STROKE RISK**  
assessment  
and treatment,  
if appropriate.

**O**

**OPTIMIZATION**  
of all modifiable risk  
factors. This means making  
lifestyle changes to reduce  
your risk of AFib or improve  
your symptoms.

**S**

**SYMPTOM MANAGEMENT**  
using medications or  
procedures that manage  
your heart's rate and rhythm.  
Controlling heart rhythm early  
is important for treating AFib.

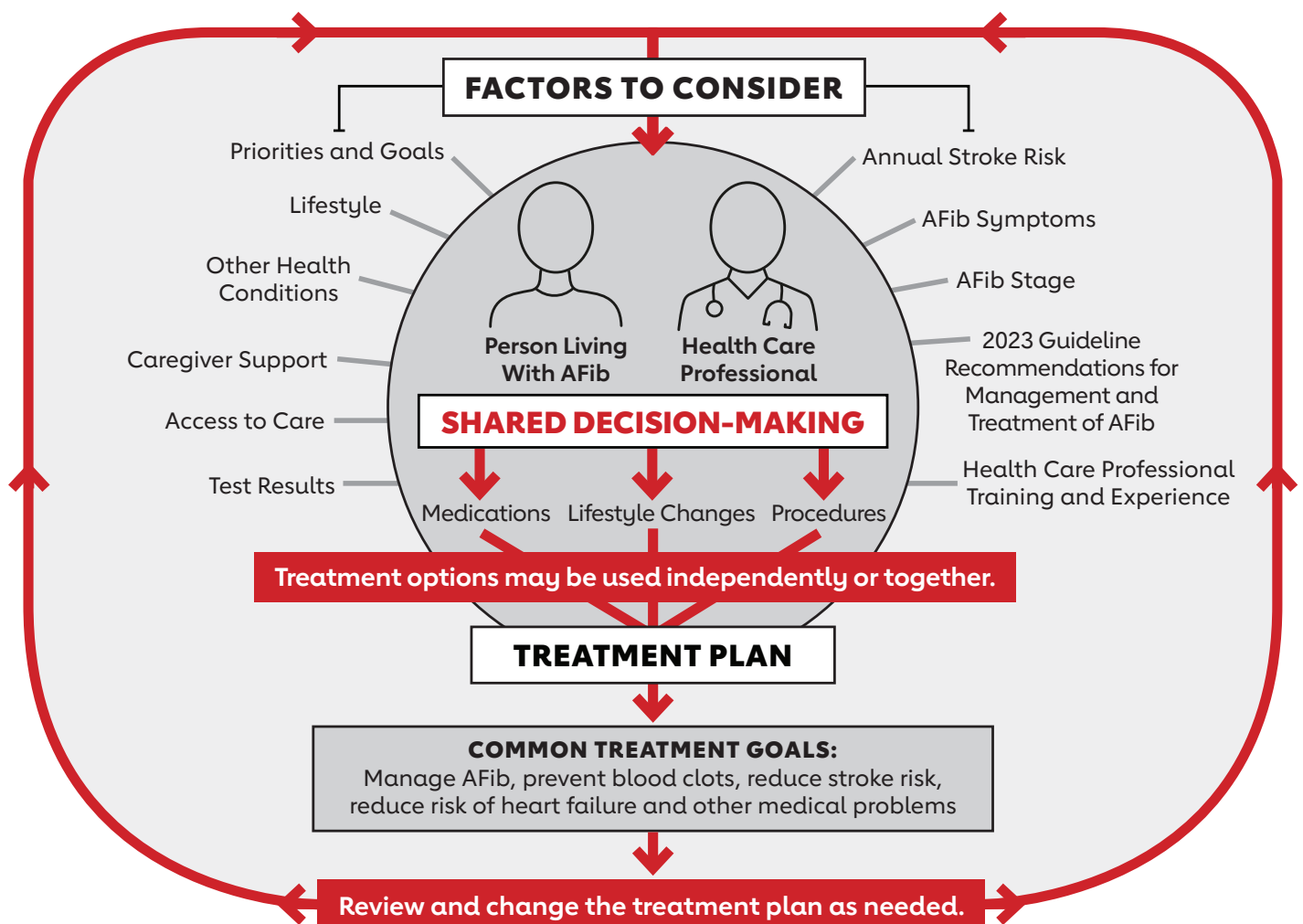
Now that you know the purpose of clinical practice guidelines, you and your health care professional can agree on decisions about your treatment now and for the future.



# Shared Decision-Making for People Living With AFib

## SHARED DECISION-MAKING FOR PEOPLE LIVING WITH AFIB

Managing your AFib may feel overwhelming, but shared decision-making can help you and your health care professional figure out the best plan for you. **Shared decision-making** is when you (and possibly your caregiver) and your health care professional work together to make choices about your treatment to support your health goals, including the best way to manage your AFib.



### How Shared Decision-Making Can Improve Your Heart Health:

- Improvement in your knowledge and understanding of your AFib
- Greater awareness by your health care team of your priorities and goals
- Increased likelihood of you following through with your treatment plan
- Decreased concerns and feeling unsure about your treatment plan
- Improved cardiovascular outcomes

# Diagnosis of AFib



## There are several ways to diagnose AFib.

Sometimes, health care professionals find evidence of AFib while treating people for other conditions or during surgery. But more often, your health care professional will start with tests to monitor your heart's rhythm. If you wear a smartwatch or other device with a wearable heart rhythm monitor and it alerts you to an abnormal rhythm, be sure to let your health care professional know. This information can be a helpful part of your diagnosis.



## ELECTROCARDIOGRAM (ECG OR EKG)

An electrocardiogram measures the heart's electrical activity, which controls heart rhythm. Electricity is not sent into your body. This test usually happens in a doctor's office and takes only a few minutes.

For this noninvasive test, a technician will put sticky plastic sensors on your chest and limbs. The sensors have wires attached to a computer. They pick up your heart's electrical signals and send the information to the computer, which turns the signals into a graph. Health care professionals review the graph for any abnormal rhythms that might indicate AFib.



## HEART RHYTHM MONITOR

A health care professional may send you home with a wearable heart rhythm monitor, sometimes called a Holter monitor, that can track your heart's electrical activity for a longer period. The device can monitor and detect abnormal rhythms that come and go, which may not show up during the short ECG test. You may be instructed to wear it for 24 or 48 hours or longer.

A Holter monitor has three or four sensors that attach to your chest and connect to the recording device worn around your neck or on a belt. During the test, you may also need to write down details about your physical activity and sleep. Your health care professional will download the information the device collects and review it for irregularities.



## MEDICAL HISTORY

Health care professionals will also consider your risk factors for AFib when they make a diagnosis. They may review your medical records for existing health conditions. Things they may consider include:

- Older age
- Underlying heart issues
- High blood pressure
- Obesity
- Type 2 diabetes
- Sleep apnea
- Alcohol use
- Smoking

# Treatment for AFib

In most cases, health care professionals treat AFib with drugs that manage the heart's rhythm and/or slow heart rate. If medications don't improve these symptoms enough, there are other methods for managing AFib.

Your health care professional will use a risk calculation tool, such as the  $\text{CHA}_2\text{DS}_2\text{-VASc}$  scale, to determine whether you may benefit from medication to reduce your risk of stroke.

## The components of the $\text{CHA}_2\text{DS}_2\text{-VASc}$ scale are:

<b>C</b> ongestive heart failure:	1 point
<b>H</b> ypertension (the medical term for high blood pressure):	1 point
<b>A</b> ge (75 or older):	2 points
<b>D</b> iabetes:	1 point
<b>S</b> troke (prior episode):	2 points
<b>V</b> ascular disease (such as prior heart attack, peripheral artery disease or aortic plaque):	1 point
<b>A</b> ge (65–74):	1 point
<b>S</b> ex (female):	1 point

The more components you have, the higher your  $\text{CHA}_2\text{DS}_2\text{-VASc}$  score will be. You may need more medication to control your AFib.





## MEDICATIONS THAT PREVENT OR TREAT BLOOD CLOTS



The biggest health concern for people living with AFib is stroke. During AFib, your heart pumps blood abnormally. Because the blood isn't circulating properly, it may pool in the heart and form clots. These clots can travel through your blood vessels into the brain and cause a blockage that leads to a stroke.

Two types of medications, called anticoagulants and antiplatelets, help reduce your chance of having a stroke by preventing blood clots from forming or growing larger. Anticoagulants are sometimes called "blood thinners," but they don't actually thin your blood. Rather, they make it harder for clots to form in your heart, arteries and veins.

They include:

- **Direct oral anticoagulants (DOACs).** DOACs are a newer class of medications for preventing blood clots. They are more commonly prescribed over older medications like Warfarin, but not all people with AFib use them. DOACs are taken by swallowing a pill and don't require regular blood tests or dietary restrictions like Warfarin does.
- **Heparin.** This medication prevents blood clots or keeps them from becoming bigger. Heparin is given to some people with AFib during certain procedures and it's not as widely prescribed as DOACs are now. This medication is taken as an injection.
- **Warfarin.** An older medication, Warfarin prevents or treats blood clots, but it is not as widely used as DOACs are today. It is taken in pill form.

The biggest health concern for people living with AFib is stroke.



## MEDICATIONS THAT PREVENT OR TREAT IRREGULAR HEART RATES

These medications act on the abnormal signals in your heart that are causing the irregular rate. They are usually recommended for only certain people with AFib.

They include:

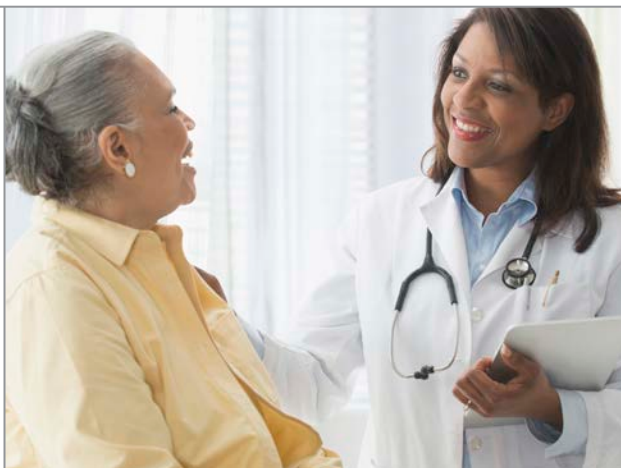
- **Beta blockers.** These medications, taken in pill form, slow heart rate.
- **Calcium channel blockers.** These medications lower blood pressure, which leads to a lower heart rate.

## MEDICATIONS THAT PREVENT OR TREAT IRREGULAR HEART RHYTHMS

These medications treat the abnormal heart rhythm to restore it to normal. Major side effects may occur. Your health care professional will most likely want to monitor your progress closely. There are two types of channel blockers for controlling the heart's rhythm:

- **Sodium channel blockers.** These medications help the heart's rhythm by slowing its ability to conduct electricity.
- **Potassium channel blockers.** These medications help the heart's rhythm by slowing down the electrical signals that cause AFib.

If medications don't manage symptoms well enough, your health care professional may recommend a procedure to fix your heart's irregular rhythm.



## PROCEDURES TO RESTORE NORMAL HEART RHYTHM

- **Ablation.** Using a tube that is guided into your heart, a cardiac electrophysiologist (a specialist in heart rhythm disorders) will make small burns or freezes to the area that is causing the abnormal heart rhythm. Ablation is usually an outpatient procedure performed in a hospital. If you undergo heart surgery for other reasons, your surgeon may perform an ablation during the same operation.
- **Electrical cardioversion.** In this procedure, an electrical jolt is delivered to your heart through adhesive pads on your chest or with handheld paddles. This procedure rapidly restores the heart's normal rhythm. It is usually performed in a hospital or an outpatient clinic with sedation. Before the electrical cardioversion, your surgeon may do an ultrasound imaging procedure called transesophageal echocardiogram (TEE) to make sure you have no blood clots in your heart.
- **Defibrillation.** Defibrillation delivers a stronger shock than electrical cardioversion. It's often used during a sudden cardiac arrest to quickly restore normal heart rhythm.
- **Pharmacological cardioversion.** Your health care professional may give you medication to restore your heart's normal rhythm and then monitor your heart for a few hours in a hospital setting.

## IMPLANTED DEVICES TO RESTORE NORMAL HEART RHYTHM



These **small, battery-operated devices** can be implanted in your chest to detect irregular heartbeats and restore their regular rhythm. They include:

- **Implantable cardioverter defibrillators (ICDs).** An ICD, surgically implanted in your chest, delivers small electric shocks when your heart beats abnormally to restore a normal rhythm. An ICD can also function as a pacemaker or defibrillator.
- **Pacemakers.** Surgically placed in the abdomen or chest, a pacemaker has wire leads connected to your heart that help it beat in a normal rhythm.

## LIFESTYLE AND OTHER CHANGES

**Lifestyle choices you make can affect how quickly and how severely your AFib progresses.** Your care team may recommend changes you can make in your daily life that will reduce your risk of worsening AFib or stroke. Talk to your health care professionals before beginning a new eating or exercise regimen.

These suggestions may include:



- **Cardiac rehabilitation** is a medically supervised program for people who have had a heart attack, heart failure, angioplasty (a procedure to unclog blood vessels in the heart) or heart surgery. It is designed to improve your heart health through appropriate physical exercises and training, education about healthy lifestyle choices and counseling to reduce stress.
- **Getting regular exercise.**
- **Eating a heart-healthy diet** that is low in salt, saturated fats, trans fats and cholesterol.
- **Controlling cholesterol.**
- **Managing high blood pressure** or other existing conditions.
- **Getting healthy sleep.**
- **Avoiding excessive alcohol and caffeine.**
- **Stopping smoking.**
- **Maintaining a healthy weight.**

# Your AFib Care Team

If you're diagnosed with AFib, you will meet several health care professionals to help you manage different aspects of your care. Some will assist at the beginning of your treatment, while others may join later to guide care for other health conditions related to AFib. Getting to know the different professionals will make AFib management easier.

Your AFib health care team may involve different professionals to better manage your condition over time.



## HEALTH CARE PROFESSIONALS WHO TREAT AFIB

- **Primary care providers** are trained to diagnose and treat a range of health conditions. They are often the first health care professionals you will meet, and they may refer you to specialists for further care. They will also help coordinate your care among your team.
- **Cardiologists** are specialists who diagnose and treat conditions affecting your heart and blood vessels. They are involved in all stages of your care.
- **Electrophysiologists** specialize in heart rhythm conditions. They help diagnose AFib and guide your follow-up care.
- **Emergency room physicians** work in hospital emergency rooms to stabilize and treat patients. If you have to go to the hospital for a sudden health problem, they will treat you immediately and then refer you to other specialists.
- **Critical care physicians** work in the intensive care units (ICUs) in hospitals. They care for you while you're in an ICU, and then refer you to other health care professionals for further treatment.
- **Hospitalists** are doctors who treat patients while they are in the hospital for treatment or while recovering from surgery. They may work with critical care physicians in the ICU and refer you to other specialists.
- **Cardiothoracic surgeons** operate on your heart or other chest organs. They manage surgical procedures and follow-up care after surgery.



## Health Care Professionals Who Treat Other Conditions That Are Common in People With AFib

These specialists focus on conditions that people with AFib often have. Your primary care provider or cardiologist will refer you to these doctors if necessary.

- **Bariatricians** are doctors who help people lose weight without surgery, for example, by designing healthy eating or exercise plans.
- **Bariatric surgeons** help people achieve weight loss through surgical procedures.
- **Endocrinologists** specialize in diagnosing and treating conditions related to hormones in the body, such as diabetes.
- **Hepatologists** diagnose and treat liver conditions.
- **Nephrologists** specialize in conditions affecting the kidneys.
- **Neurologists** focus on conditions affecting the brain, spinal cord and nervous system. If you have been diagnosed with AFib, neurologists can help you manage your risk of having a stroke, or treat you during and after a stroke.
- **Obstetricians and gynecologists** are doctors who specialize in the female reproductive system. Obstetricians provide care during pregnancy and childbirth, and gynecologists diagnose and treat conditions relating to the reproductive system. Doctors who combine both specialties are called OB/GYNs.
- **Oncologists** care for people with cancer.
- **Pulmonologists** focus on conditions related to the lungs and other organs that help people breathe.
- **Sports medicine specialists** treat injuries related to sports activity.



## Other Health Care Professionals

These specialists may participate in your care at different stages of treatment or recovery.

- **Cardiac rehabilitation specialists** are nurses or other professionals, such as physical therapists or occupational therapists, who have had special training to help people with AFib strengthen their hearts, following a heart attack or surgery, through exercise and nutrition programs.
- **Dietitians** provide nutrition planning to help you learn about healthy foods and eating habits.
- **Nurses** administer tests and other medical care as directed by doctors.
- **Nurse practitioners** have received extra training to treat specific health conditions, as well as perform general medical care, with doctors' guidance. You will likely see nurses and nurse practitioners at every stage of your AFib journey.
- **Pharmacists** have extensive knowledge of medications and can help you understand how to take your prescribed medications correctly.
- **Physician assistants** are health care professionals with additional training focused on diagnosing and treating specific conditions under a doctor's supervision.



**Remember, you are your best advocate.** You should never be afraid to ask your health care professional questions or ask for an explanation for any aspect of your care. Find answers to some common concerns about AFib below.

## AFib Fact Sheets

- [What is Atrial Fibrillation? \(PDF\)](#) | [Spanish \(PDF\)](#)
- [FAQs about AFib \(PDF\)](#) | [Spanish \(PDF\)](#)
- [AFib Can Happen to Anyone \(Infographic\)](#) | [Spanish \(PDF\)](#)
- [What Are Heart Disease and Stroke? \(PDF\)](#) | [Spanish \(PDF\)](#)

## The AFib 5 Video Series

- Learn about AFib and your heart
- Identify your potential AFib risks
- AFib treatment options and goals
- Work with your health care team for the best outcome
- Create healthy habits for life

## AFib Risk Factors: Information and Checklists

- [Are You at Risk for AFib Checklist \(PDF\)](#) | [Spanish \(PDF\)](#)
- [Identify Your Potential AFib Risks \(PDF\)](#)
- [Let's Talk About Risk Factors for Stroke](#) | [Spanish \(PDF\)](#)
- [Stroke, TIA and Warning Signs \(PDF\)](#) | [Spanish \(PDF\)](#)

## Tools for Living With AFib

- [Shared Decision-Making for People Living With AFib \(PDF\)](#) | [Spanish \(PDF\)](#)
- [Partnering in Your Treatment \(PDF\)](#)
- [Simplifying Your Atrial Fibrillation Treatment Plan \(PDF\)](#)
- [Symptom Tracker \(PDF\)](#)
- [What are Direct-Acting Oral Anticoagulants \(DOACs\)? \(PDF\)](#) | [Spanish \(PDF\)](#)
- [Medication Tracker \(PDF\)](#) | [Spanish \(PDF\)](#)
- [AFib Food Diary \(PDF\)](#)
- [My AFib Experience Flyer \(PDF\)](#)

## People Living with AFib Share Their Stories

- [Listen to Your Heart: Gregg's Story](#)
- [Watch Maricela's AFib Story](#)

# Top 10 Takeaways

1

**AFib is the most common type of irregular heart rhythm.** More people are being diagnosed with AFib in the United States, reflecting its aging population, better ways of detecting AFib and better survival rates in people with previous episodes of AFib or other heart diseases. Over 5 million people in the United States are living with AFib.

5

**The biggest health concern relating to AFib is stroke.** During AFib, your heart pumps blood abnormally. Because the blood isn't circulating properly, it can pool in the heart and form clots. The clots can travel through blood vessels into your brain and cause a blockage, leading to stroke.

2

**The most common symptoms of AFib are a racing heartbeat or abnormal heart palpitations, shortness of breath and feeling lightheaded or dizzy.**

6

**Blood thinners can guard against stroke.** Direct oral anticoagulants (DOACs) are newer medications for AFib that are safer and easier to take.

3

**A wearable heart rhythm monitor that detects irregular heartbeats can help diagnose AFib.** This technology is becoming more sophisticated and reliable, so health care professionals view the results seriously.

7

**Your treatment may change as your AFib symptoms change.** You should discuss any changes in symptoms with your health care team.

4

**Clinical practice guidelines give health care professionals the latest information on how AFib can be diagnosed and treated.** The guideline also highlights three important topics, nicknamed “**SOS**,” for you and your care team to discuss:

- **Stroke risk** assessment and treatment, if appropriate.
- **Optimization** of all modifiable risk factors. This means making lifestyle changes to reduce your risk of AFib or improve your symptoms.
- **Symptom management** using medications or procedures that manage your heart's rate and rhythm. Controlling heart rhythm early is important for treating AFib.

8

**In most cases, AFib can be treated with medications that manage the heart's rhythm and/or slow heart rate.** If medications don't work well enough, doctors can perform surgical procedures such as electrical cardioversion and ablation to manage AFib.

9

**You are your best advocate.** You should never be afraid to ask your health care professional questions or ask for an explanation for any aspect of your care, including how much things cost. You should discuss your treatment goals and preferences with your health care team so they can create appropriate care plans. You can also find trustworthy information about AFib on the [American Heart Association](#) and [American Stroke Association's](#) websites.

10

**Partnering with your health care professionals, taking medications properly and making smart lifestyle choices will lead to better results on your journey with AFib.**



American  
Heart  
Association.

GETTING TO THE  
**HEART OF STROKE™**

Learn more at **heart.org/AFib.**

**HCA**  **Healthcare®**  
**FOUNDATION**

The HCA Healthcare Foundation is the national  
sponsor of Getting to the Heart of Stroke™.