Atrial Fibrillation
Fact Sheet

Atrial fibrillation, or Afib, is the most common heart rhythm condition in the United States. An estimated three million people in the U.S. and 20 million worldwide are affected by Afib and its prevalence is projected to increase significantly as the population ages. In the next 30-40 years, the number of people diagnosed in the U.S. is expected to more than double.1,2,3 The likelihood of developing Afib increases with age and approximately 70 percent of patients are between the ages of 65 and 85.4

Afib causes the upper chambers of the heart, or atria, to beat rapidly and in an uncontrolled manner. This irregular beating of the heart affects blood flow and some patients experience a "fluttering" feeling in the chest. The condition can have a significant negative impact on an individual's quality of life in terms of physical, psychological, emotional, and social functioning.

Afib is a progressive disease and may increase in severity and frequency if left untreated and can lead to chronic fatigue, congestive heart failure or stroke. Patients with Afib face a five times increased risk for stroke. It is estimated to be responsible for 88,000 deaths and $16 billion in additional costs to the U.S. healthcare system on an annual basis.5

Types of Atrial Fibrillation
Afib is classified according to how often the episodes occur and how quickly they terminate. There are three main classifications:

- **Paroxysmal (Intermittent)**
  Irregular heart rhythm episodes that reoccur two or more times and stops on its own within seven days. The heartbeat often normalizes as quickly as within a few seconds or after a few hours.

- **Persistent**
  Irregular heart rhythm episodes that last more than seven days, or last less than seven days but necessitates medical therapy or a procedure to restore a normal heart rhythm (cardioversion). Cardioversion is most often done by sending electric shocks to the heart through electrodes placed on the chest.

- **Longstanding Persistent**
  Irregular heart rhythm episodes that continue for more than a year. The heart is in a constant state of Afib and the condition is considered permanent. In most cases, cardioversion is either ineffective or cannot be attempted.
Symptoms & Risks
Symptoms of Afib can range from a heightened awareness of a rapid heart rate to severe chest pain and fainting. Other symptoms include:

- Anxiety
- Rapid or irregular heartbeat
- Weakness
- Difficulty exercising
- Debilitating pain
- Sweating
- Shortness of breath
- Lightheadedness/dizziness
- Chronic fatigue

Treatment Options
For patients requiring treatment to control their abnormal heart rhythm, there are a number of therapeutic options that may be considered. The appropriate treatment will depend on the underlying cause and type of Afib, existing symptoms and the patient’s level of disability.

It is important to seek medical attention for Afib as it is a progressive disease and may increase in severity and frequency the longer the disease is left untreated. The greater the severity of Afib, the harder it is to treat. Clinical studies show that success rates for Afib treatments such as catheter ablation decrease the longer the disease is left untreated so earlier intervention is recommended. Treatment options for Afib include:

- **Catheter Ablation**
  During this minimally invasive procedure, doctors insert a therapeutic catheter through a small incision in the groin where it is then weaved up to the heart through a blood vessel. Once it reaches the left upper chamber of the heart (atrium), a small lesion is created to block faulty electrical impulses that can cause heart rhythm disorders.

- **Electrical Cardioversion**
  This therapy involves sending electric shocks to the heart through electrodes placed on the outside of the chest wall. This procedure temporarily stops the heart’s abnormal electrical activity and helps normalize the irregular heartbeat.

- **Maze Heart Surgery**
  The Maze procedure is a less commonly performed procedure that involves open-heart surgery to create incisions in the upper left chamber of the heart (atrium). The cuts are then stitched together to create scar tissue. The scars interfere with the transmission of abnormal electrical impulses so that a normal heartbeat can be restored.

- **Medical Management**
  Anti-arrhythmic drugs, or "rhythm control" medications, are often a first course of action in managing Afib. In addition, patients are also prescribed anticoagulants, or blood thinners, to help manage the increased risk of stroke they face. Medications help patients manage abnormal heart rhythms but they must be taken daily and indefinitely.

- **Pacemaker**
  A pacemaker is a small device that emits electrical impulses to try to maintain a steady rhythm in the heart. Newer pacemakers can monitor blood temperature, breathing rate, and can adjust heart rate to changes in activity. The device is implanted under the skin near the collarbone and wires connected to the device are placed on the heart.
Current treatment guidelines for the management of Afib recommend medical management as the first line treatment for Afib. While most Afib patients today are treated with drugs, about half of patients are not able to control their Afib with drugs or find they cannot tolerate the side effects. When medication proves to be unsuccessful, the American College of Cardiology and the American Heart Association suggest catheter ablation be considered as a safe and effective treatment option.4


References