



atrialfibrillationassociation

Providing information, support and access to established,
new or innovative treatments for Atrial Fibrillation

Patient & Primary Care Checklist



www.atrialfibrillation.org.uk

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INTRODUCTION

If you have been recently diagnosed as suffering from Atrial Fibrillation or Atrial Flutter (AFL), or your doctor suspects you have Atrial Fibrillation or Atrial Flutter, this checklist is intended to help you understand the condition, feel at ease with the tests you will be given and the treatments your doctor may suggest.

What is Atrial Fibrillation?

Atrial Fibrillation (AF) is the most common heart rhythm disturbance (arrhythmia) encountered by doctors. It results from uncoordinated electrical activity within the upper chambers of your heart and leads to your heart beating in an irregular rhythm. It can affect adults of any age but is more common as people get older. In the UK over 500,000 people are currently diagnosed with AF, and if left untreated AF can lead to serious complications, such as heart failure and stroke. Sometimes those suffering with Atrial Fibrillation or Atrial Flutter can experience symptoms of palpitations, shortness of breath, chest discomfort, light headedness, fainting or fatigue; however for many there are no noticeable symptoms.

Detection and Diagnosis

The simplest way of detecting Atrial Fibrillation is by feeling the pulse; when a clinician suspects AF there are a number of tests which will be carried out in order to establish a diagnosis.

ECG -

An ECG is simply a recording of the electrical activity of the heart. It is done by painlessly connecting wires to the body of the patient and running them to a machine which can detect voltage differences on the surface of the body, which result from the electrical activation of the heart. The test is painless and quick usually only lasting between one and ten minutes.

Blood Tests -

Atrial Fibrillation is most often a condition in its own right, however it can develop due to disease elsewhere in the body, such as a thyroid gland problem. You may be asked to have a blood test in order to exclude such problems.

Rhythm Monitoring -

It may be that while a doctor suspects you have Atrial Fibrillation, because of the type of AF you have it may be difficult to confirm, because your heart is sometimes in a regular heart rhythm (Sinus Rhythm) and occasionally in the irregular heart rhythm (Atrial Fibrillation). Therefore you may be asked to wear a monitor which is strapped to your chest and will record your heart rhythm continuously for up to seven days.

Occasionally, when a patient is experiencing many symptoms, but diagnosis is proving difficult to confirm, an 'Implantable Cardiac Monitor' may be recommended. This is a small monitor which is inserted beneath the skin of your chest under local anaesthetic and then remains in place, monitoring your heart rhythm day and night until removed.

Forms of Atrial Fibrillation

When Atrial Fibrillation is diagnosed you should be informed about the type of Atrial Fibrillation from which you are suffering as this determines how it should be managed. The different forms are:

Paroxysmal Atrial Fibrillation - Episodes that stop within 7 days without treatment.

Persistent Atrial Fibrillation - Episodes lasting longer than 7 days, when not treated.

Permanent Atrial Fibrillation - AF which has lasted for more than one year.

STROKE AND ATRIAL FIBRILLATION

In Atrial Fibrillation, the top chambers of the heart (the atria) no longer contract, but instead the muscle quivers like a bag of worms. A lack of efficient contraction means the blood within the atria becomes stagnant and can form clots. These clots can travel anywhere in the body, but most worryingly they can travel to the brain and cause a stroke.

On average the risk of stroke in AF is 5 times greater than in the normal sinus rhythm (regular heart rhythm). This is why some people with AF need to have their blood thinned to reduce the risk of clots forming and thus reduce the risk of strokes.

This may be done with aspirin or warfarin. The question is who needs aspirin and who should have warfarin.

ASSESSING YOUR PERSONAL RISK

This can be achieved by answering the questions below and adding up your own score.

Question	Points	Your Score
Are you over 75?	1	
Do you have high blood pressure?	1	
Do you have diabetes?	1	
Do you have heart failure?	1	
Have you suffered a stroke (even a mild stroke)?	2	
Total	-	

Your annual risk of stroke rises from under 2% a year with no risk factors, to over 10% a year for five or six. Most experts who have looked at this scoring scheme (the CHADS2 score) would suggest that the tipping point for your benefits of taking anticoagulation medication (warfarin) over its risks is at a score of 2 or above.

There are situations where, using the more complex clinicians assessment (shown at the end of this document) that even with a score of below 2, anticoagulation may be recommended.

It is most likely that you will remain on some form of blood thinning medication for life.

TREATING ATRIAL FIBRILLATION

Many factors can influence the best treatment for your individual case.

Drug Medication

For the majority of people who have been diagnosed with Atrial Fibrillation, much of the treatment can be managed by drug medication supervised by your GP, although initial investigational tests may be carried out at a hospital in the cardiology department. Anti-arrhythmic drug treatments attempt to restore the heart to a normal sinus rhythm, other drugs may also be used to control or slow the heart rate and so improve any symptoms a patient may be experiencing.

Cardioversion (see AFA Booklet, Cardioversion of Atrial Fibrillation)

While this can be offered as a treatment at any stage, it has been found that patients have a greater chance of benefitting from a successful cardioversion if given within the first few months of onset of AF.

Other Treatments

If your AF does not successfully respond to medication, or if the symptoms you may be experiencing become worse, then in line with 2006 National Institute for Health and Clinical Excellence (NICE) Atrial Fibrillation Guidelines you can be considered for a catheter ablation.

For either cardioversion or catheter ablation, you will be referred to the cardiology department of a hospital to see either a Cardiologist (a doctor specialising in the heart) or an Electrophysiologist – EP (a cardiologist who specialises in heart rhythm disorders).

QUESTIONS YOU MAY WISH TO ASK YOUR DOCTOR

- Will the medication I am taking be affected by other medication?
- How often will I need blood tests to check my blood thinning levels (International Normalised Ratio – INR)?
- Does the GP’s surgery offer INR testing or where will I need to go for this?
- Will food or drink affect my AF or medication?
- How often will I need to have a ‘check-up’?
- Who can I call if I feel more unwell than usual?
- How can I find out further information?
- Is there a local AF or AFL patient support group?

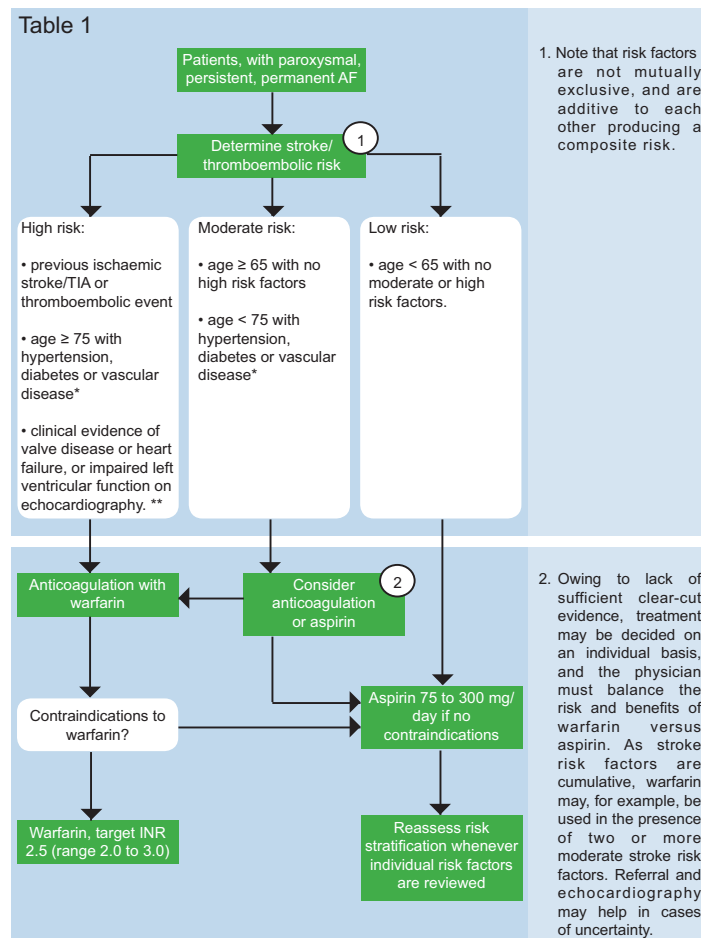
Check Points For Follow Up Appointments

	Yes	No	When (date)
Did you have symptoms at the time of diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>
Have these symptoms been eased by treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you now had an ECG?	<input type="checkbox"/>	<input type="checkbox"/>
Did this confirm Atrial Fibrillation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had blood tests?	<input type="checkbox"/>	<input type="checkbox"/>
Was the result from the test on your thyroid gland normal?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told you are not diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told the form of the Atrial Fibrillation?:	<input type="checkbox"/>	<input type="checkbox"/>
Paroxysmal Atrial Fibrillation	<input type="checkbox"/>		
Persistent Atrial Fibrillation	<input type="checkbox"/>		
Permanent Atrial Fibrillation	<input type="checkbox"/>		
Have you been referred to a cardiologist for further assessment?	<input type="checkbox"/>	<input type="checkbox"/>

GLOSSARY

Anti-arrhythmic drugs	Drugs used to restore normal heart rhythm.
Anticoagulant	Drugs which help to thin the blood.
Atrial Fibrillation (AF)	Irregular heart rhythm.
Atrial Flutter (AFI)	A rhythm disorder characterised by a rapid but regular atrial rate but not as high as Atrial Fibrillation.
Cardiologist	A doctor who has specialised in the diagnosis and treatment of patients with a heart condition.
Cardioversion	A therapy to treat Atrial Fibrillation or Atrial Flutter which uses an electrical shock to revert the heart back into normal rhythm.
Catheter Ablation	A treatment which attempts to seal off the faulty misfiring electrical signals inside the heart causing the AF.
Echocardiogram	An image of the heart using echocardiography or sound wave-based technology to show a multi dimensional shot of the heart.
Electrophysiologist	A cardiologist who has specialised in heart rhythm disorders.
Heart Failure	The inability (failure) of the heart to pump sufficient oxygenated blood around the body to meet physiological requirements.
Sinus Rhythm	Normal rhythm of the heart.
Stroke	A medical condition which may be referred to as a 'brain attack' where the brain is deprived of oxygen. Strokes can vary in severity.

TABLE 1, NICE GUIDELINES FOR ANTICOAGULATION



MEMBERSHIP APPLICATION FORM

Membership is free, however donations are gratefully received. Cheques should be made payable to AFA.
If you are interested in receiving further information, becoming a volunteer or fundraiser, please do not hesitate to contact us.

PLEASE PRINT -

Patient

Title: Mr / Mrs / Miss / Ms / Dr _____

Full Name: _____

Address: _____

Postcode: _____

Daytime Telephone no: _____

Evening Telephone no: _____

E-mail: _____

Date of Birth: _____

Carer

Name: _____

Tel: _____

Email: _____

Address: _____

Tick box if happy to receive newsletters and updates from AFA

Patient Diagnosed: Yes No

Diagnosis: _____

If Diagnosed by whom:

GP Cardiologist

Geriatrician Paediatrician

Name: _____

Hospital/Medical Centre: _____

Registered Charity No: 1122442

GIFT AID DECLARATION

Name of taxpayer: _____

Address: _____

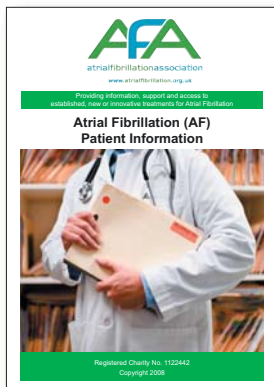
Postcode: _____



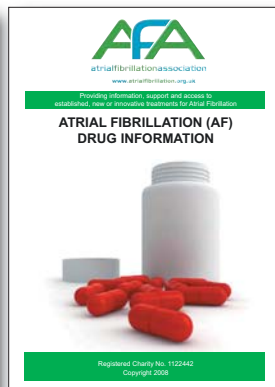
- Please tick to allow AFA to claim an extra 28p for every £1 you donate, at no cost to you.
- I want AFA to treat all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.
- I currently pay an amount of income tax and/or capital gains tax at least equal to the tax that AFA reclaims on my donations in the tax year (currently 28p for each £). I may cancel this declaration at any time by notifying AFA.
- I will notify AFA if I change my name or address. Please note full details of Gift Aid tax relief are available from your local tax office in leaflet IR 65. If you pay tax at the higher rate you can claim further tax relief in your Self-Assessment tax return.

PLEASE RETURN TO: AFA, PO Box 1219, Chew Magna, BRISTOL BS40 8WB
Telephone: 01789 451 837 Email: info@atrial-fibrillation.org.uk

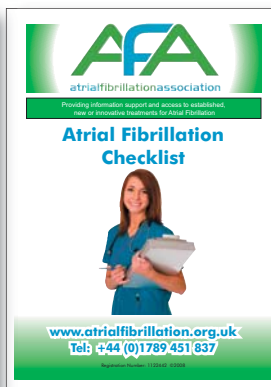
OTHER TITLES AVAILABLE FROM ATRIAL FIBRILLATION ASSOCIATION



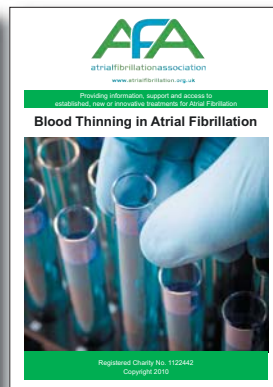
Patient Information



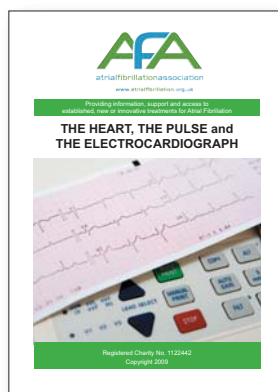
Drug Treatments for AF



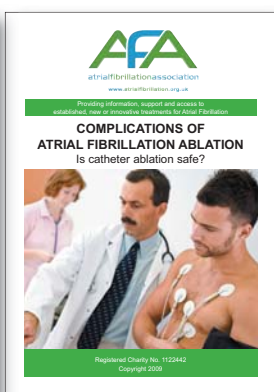
AF Checklist



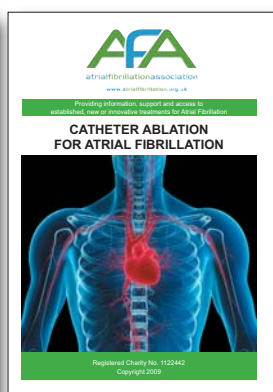
Blood Thinning for AF



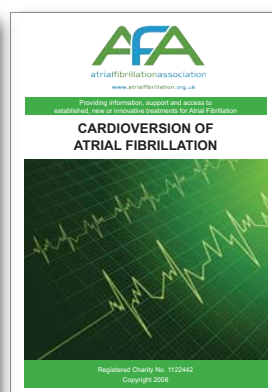
The Heart, The Pulse and The Electrocardiograph



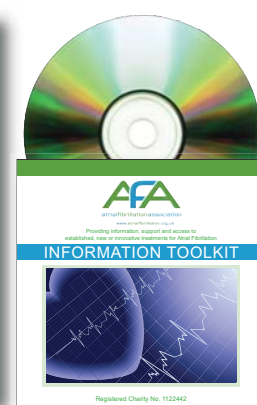
Complications of Atrial Fibrillation Ablation



Catheter Ablation for Atrial Fibrillation



Cardioversion of Atrial Fibrillation



Information Toolkit CD

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www.heartrhythmcharity.org.uk

Please remember these are general guidelines and individuals should always discuss their condition with their own doctor.

