Atrial Fibrillation Treatment

Atrial fibrillation (AFib) is the most commonly sustained cardiac arrhythmia. The number of patients with AFib continues to grow but fortunately, so do the treatment options.

In treating someone with atrial fibrillation, it is important to always focus on the three main problems it may cause:
- Strokes
- Symptoms - consequently decreased quality of life
- Congestive heart failure

The treatment for atrial fibrillation is always individualized, tailored to a patient’s needs, risk factors for stroke, congestive heart failure, and most importantly how much AFib has affected your quality of life. The treatment is also dependent upon whether a patient has paroxysmal, persistent, or permanent atrial fibrillation.

In treating a patient with AFib, we should follow a step-wise approach.

**Step 1 - Stroke Prevention**
We assess each patient’s risk scoring system to determine the patient’s stroke risk. And based on that score, we choose the most appropriate stroke prevention option. Every patient with AFib has an increased risk of having a stroke. Strokes happen when blood clots form inside the left atrium, and if dislodged, travel to the brain where they can cut off circulation.

Your risk of stroke is dependent upon what other risk factors you have. The risk factors for stroke in patients with AFib are:
- Congestive Heart Failure
- Hypertension
- Age greater than 65
- Diabetes
- Prior Stroke or Transient Ischemic Attack (small stroke).
- History of heart attacks or blockages in the neck or leg arteries

The appropriate treatment to decrease your risk of stroke will be dependent on how high your risk is. Your physician will also take into consideration how high your risk of bleeding from blood thinners is.

**Low risk patients:** For many patients, aspirin may be the only treatment needed.
**Moderate or high risk patients:** Blood thinners (such as coumadin, dabigatran, apixaban, or rivaroxaban) may be needed.
Step 2 - Improve Quality of Life - Reducing the symptoms caused by AFib

Determine how symptomatic a patient is, and based on that, determine if rate or rhythm control is the most appropriate option.

**Rhythm Control Strategy**
- Strategy where we use either medications or procedures to attempt to keep the patient in normal sinus rhythm.
- Best strategy for patients who are symptomatic with AFib.

**Rate Control Strategy**
- Strategy where the patient will remain in atrial fibrillation.
- Drugs or devices will be used to maintain a well controlled heart rate for the patient.
- Used for patients who are mildly asymptomatic with AFib (or if attempts to control rhythm have failed).

Some patients with atrial fibrillation can be extremely symptomatic, while other patients have no symptoms at all. Some patients have few episodes a year, while others have many episodes a week, and others are in AFib all the time. These are the factors that will determine the treatment.

**Patients with Paroxysmal AFib**

*Bouts of AFib that stop spontaneously, typically lasting less than 24 hours.*

Depending on the number and severity of the symptoms, the treatment will consist of:
- Beta blockers or calcium channel blockers: Medications used to slow down your heart rate.
- Anti-arrhythmic drugs: If a patient continues to have frequent symptomatic occurrences, these drugs are indicated to decrease the number of spells. When these drugs are used, we call it a rhythm control strategy. There are many anti-arrhythmic drugs available. Oftentimes, treatment by a physician specialized in treating rhythm disorders is necessary.
- Atrial fibrillation ablation: AFib ablation is the best option for patients who have not tolerated medications well. AFib ablation is the only treatment option that is potentially curative for patients with AFib.

**Patients with Persistent AFib**

Patients who stay in AFib constantly and have to be treated to return to normal rhythm.

In patients with persistent atrial fibrillation, the first step is to decide what the most appropriate treatment options is – rate or rhythm control.

**Rhythm control** is the right option for you if you have symptoms believed to be secondary to AFib, such as fatigue, shortness of breath, dizziness, etc. Most patients are able to tell right away when they went into AFib, and for these patients, it is relatively easy to decide the treatment of choice.
- Cardioversion plus anti-arrhythmic drugs: For patients with persistent atrial fibrillation to return back to normal rhythm, we typically need to perform a cardioversion. A procedure where the patient is sedated for a brief period of time and then a shock is delivered to stop the AFib. After that medications have to be used to keep the patient in normal rhythm.
- AFib ablation: Ablation can also be performed for patients with persistent atrial fibrillation.

**Rate control** is the best option for patients who are asymptomatic or just mildly symptomatic. For these patients, the treatment consists of using medications to control the heart rate. It is always important to remember that treatment to reduce the risk of stroke concurrently is necessary.

Step 3 - Prevention of Congestive Heart Failure

For patients who stay in AFib, it is very important to make sure that the heart rate is well controlled at all times, both at rest and during exertion. Some patients have such fast heart rates during AFib that with time the heart can become weak – and develop congestive heart failure. It is always one of the goals of our therapy to prevent congestive heart failure.

The majority of patients will have their heart rate well controlled with medications. A small number of patients have AFib that does not respond to any of the available medications and require other interventions. Another option for these patients is to undergo AV nodal ablation with implantation of pacemaker. This option is used as a last resort, or when patients who are not candidates for AFib ablation or medications.

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