

# **The AFib Five: 5 Steps to Your Healthiest Life with AFib**

## \*\*\*\*\*The AFib Five: 5 Steps to Your Healthiest Life with AFib (Part 1)\*\*\*\*\*

### John Criswell

Hi, my name is John Criswell and I'm here to talk with you about Atrial Fibrillation and what you can do to live your healthiest life. Together, we'll walk through 5 key steps for atrial fibrillation management. We hope you will feel more informed and less anxious about what your diagnosis means. We'll cover 5 key areas step-by-step.

#### STEP 1: Learn about AFIB and Your Heart

What is Atrial Fibrillation (or AFib) what symptoms might you experience? We want you to know exactly what atrial fibrillation is and what happens to your heart during atrial fibrillation. Whether or not you have noticeable symptoms now, you'll want to be able to identify symptoms should they occur.

#### STEP 2: Identify your risks for serious problems

Although Atrial Fibrillation itself usually isn't life threatening, it can increase your risk for other serious problems like stroke. Together, we'll identify the risk factors and we'll also identify practical ways to reduce your risk for complications from atrial fibrillation.

#### STEP 3: Understand your treatment options

We'll walk through the treatment options for atrial fibrillation and prepare you to decide, with your health care provider, on the best way to treat your symptoms and reduce your risks for serious problems.

#### STEP 4: Work with your healthcare team

Your health is best managed when you take an active role as a team player with your healthcare provider. There are certain health-management steps that only you can do. When you understand your part and do it well, you're on your way to your healthiest life.

#### STEP 5: Create healthy habits for life

Finally, we'll also look at some important habits that can help you feel your best and will also reduce your risks for heart problems and stroke. Although change may seem challenging at first, small steps are key, and the pay-off is worth it! Seeing the results is a very rewarding experience. So, let's get started! Atrial fibrillation is a problem that can cause an irregular heartbeat.

Although atrial fibrillation itself, which is sometimes felt as a quivering in the chest, isn't usually life threatening, it can eventually lead to stroke and other heart-related complications, especially if left untreated. Let's find out more about the symptoms and causes.

Some people notice symptoms such as a palpitation or breathlessness, but many of the people who have AFib are unaware of any symptoms. It is important that you understand what happens during atrial fibrillation and why the condition can increase your risks for problems.

First of all, let's quickly review the basics of circulation. Your blood circulates through your body in a predictable pattern, coming from the body, entering the heart, going out to the lungs for oxygen, returning to the heart and then out to the body with oxygen-rich blood for tissue and organs. For your heart to properly pump oxygen rich blood out to your vital organs, the heart chambers need to contract in a coordinated way to allow blood flow to the upper and lower chambers. Your heart needs strong, regular contractions to maintain an adequate supply of oxygenated blood flowing out to your body.

When your heart is in atrial fibrillation, the muscle cells often quiver instead of contracting together, which can leave some of your blood pooling in the heart. When blood pools, clots can form. When those clots are pumped out to the body, they can block blood flow. When it happens in the brain, it causes a stroke.

About 15-20% of people who have a stroke have atrial fibrillation, too. Inadequate blood flow can also cause chronic fatigue and eventual heart failure, which we'll talk more about in Step 2- Identifying Your Risks from AFib. With some focused attention on risk reduction, you'll give yourself the best odds for a long and healthy life!

#### **\*\*\*\*\*The AFib Five: 5 Steps to Your Healthiest Life with AFib (Part 2)\*\*\*\*\***

##### **Narrator**

I use an analogy (and I'm sure other people have better analogies) but when you go to a river, and the river is moving quickly then you notice that there doesn't tend to be a lot of mud caking up on the sides of the river. But sometimes, if there's a little outpouching or if the river is moving really slowly, there's a lot of mud on the riverbank.

Well, the same thing can happen in your heart. Where one of your chambers, (the top chamber called the atrium, which gets the blood back from the lungs, and then passes it on to the main pumping chamber, so that top chamber is called the atrium. And if it isn't contracting effectively, if this is just sort of what we call fibrillating, but not doing an active contraction, then the same thing can happen.

And you can form a clot there. Now the concern about that is if the clot breaks off and travels up to the brain, it can cause a stroke. These strokes don't tend to be little strokes. Everyone knows people have had strokes and they go about their business, it's not a big deal. These tend to be big strokes where people are left with a lot of disability.

They may not be able to walk well and talk well, et cetera, so these can be big strokes and we want to prevent them. We can prevent them, if people have risk factors for developing a stroke, by putting them on blood thinners. And it's important that you have a dialogue with your physician about whether you're the person who's at risk of going on to develop a stroke.

Not every patient with Atrial Fibrillation develops a stroke. It's about 5 times more likely a patient will. But there are people who have atrial fibrillation their entire life and it doesn't bother them. It's an annoyance, but they don't go on to have serious complications from it. But it's important to check in with your doctor about whether you're the person who is at increased risk of having complications.

##### **John Criswell**

First in choosing a good treatment plan, it's always helpful to identify what problem we are trying to solve. With atrial fibrillation, the goals to work out with your provider will most likely include a plan to: maintain your heart rate within a relatively normal range, restore a normal heart rhythm, if possible, and prevent blood clots from forming and causing strokes.

Atrial fibrillation is trickier. There's one form of treatment that is evidence based, that you line up 10 cardiologists and they'll say yes, and that's a blood thinner. And so it's one of those medications that you want it just right. And so if one has any kind of chronic condition in heart disease, it's always important to check in with your physician and ask them "Is there anything new?"

Has there been new research or has it changed what I should be doing?" It's useful to have a kind of periodic check in. In addition to blood thinners, your doctor might explore these options with you, depending on your unique risks and preferences. If you are at risk for stroke, based on your C.H.A.D.S. risk factors, you'll need a plan for stroke risk reduction which might include blood thinners and lifestyle changes for risk reduction.

Next, find out if your heart rate or rhythm needs treatment. You'll want to discuss with your healthcare provider which options are most beneficial for you: medications, catheter ablation, or surgery. As always, the overarching goal is a long and healthy life free from cardiovascular disease and stroke.

**\*\*\*\*\*The AFib Five: 5 Steps to Your Healthiest Life with AFib (Part 3)\*\*\*\*\***

**Narrator**

The approach to healthcare now is one in which the patient really has to regard themselves as the captain of a team. There are many players on that team. There's their physician, many times a family practitioner or internist, their cardiologist, sometimes other specialists like arrhythmia specialists, nurses, PA's as well.

But the patients have to assume responsibility for their own condition, and be motivated. Know what questions to ask. Keep asking those questions until they get the answers that they think are satisfactory and make sure that they're getting the best possible care.

If you don't measure it, it doesn't matter. I tell my patients that. I say, "You've got to measure the amount of time you exercise." And I actually have them keep a record of their weight, time of exercise, intensity of the exercise as well, and there's a feedback process in that measurement that's really, really, really important.

And beyond that I have them check their blood pressure every single day. And as their weight goes down, the diet gets healthier, and the blood pressure comes down, it reinforces. It turns a vicious, sedentary lifestyle (which is a vicious cycle) into a virtuous one. The ones who get themselves on track are able to accomplish their goals and importantly sustain the goals, too.

**\*\*\*\*\*The AFib Five: 5 Steps to Your Healthiest Life with AFib (Part 4)\*\*\*\*\***

**Narrator**

"What's it going to take for you to change your life so that you exercise more, eat healthier, perhaps stop smoking, have your weight go south and feel better? I ask them, "What is it going to take?" and most of the time they say, "I have no idea." And then I say, "Well, then you've got to figure it out."

It's not up to the doctor. It's really up to the patient to take the initiative and do it themselves. And think about the future, ten years ahead, whether they want to be feeling poorly, relatively sedentary, maybe with heart problems, maybe with atrial fibrillation. So I challenge them more as a coach to think hard about that.

And most come back and say 'well these are some of the things that might make a difference in my life', and then I say, "Okay, so do it."

Each patient has to find out what's going to work for them, and then move it forward as they see appropriate. The good news is that even with AFib, many strokes can be prevented. And you can definitely reduce your risks with good choices for heart healthy living.