



Atrial Fibrillation and Anticoagulation

You have recently been diagnosed with *Atrial Fibrillation*. This means that your heart has an irregular beat; it may also be very fast. Sometimes the cause of atrial fibrillation is unknown, but may be due to underlying heart conditions, high blood pressure, overactive thyroid, or too much alcohol. Some people with atrial fibrillation have no symptoms, while others have a fluttering sensation in the chest, lightheadedness, shortness of breath, or chest pain.

How is atrial fibrillation treated?

The treatment for atrial fibrillation depends on how severe your symptoms are and whether you have had a stroke or problems with your heart. Medications are used to slow the heartbeat and relieve any symptoms. If symptoms are severe, doctors may recommend trying to get your heart to beat more regularly.

What are the risks associated with having atrial fibrillation?

An irregular heartbeat increases the risk of small blood clots forming in the heart. These small clots can travel through blood vessels to the brain. The clots then block blood flow to a part of the brain and cause damage; this is called a stroke, a dangerous complication of atrial fibrillation. Strokes can cause loss of the ability to move a part of your body, loss of the ability to speak, or other serious complications.

What are the *benefits* of taking anticoagulation medications, and what does it involve?

Anticoagulants or “blood thinners” such as ASA and warfarin can help to prevent stroke from atrial fibrillation by stopping blood clots from forming. You may need to take this medication if:

- (1) you are at increased risk for having a stroke in the future
- (2) you have previously had a stroke
- (3) you are going to have cardioversion (procedures to control the rhythm of your heart)

What is my risk of having a stroke?

Ask your doctor to help you calculate your risk for stroke, with and without blood-thinning medication, to help make the right choice for you:

My risk of stroke is: _____ (over the next year) or _____ (over next 5 years)

Taking warfarin (also known as Coumadin®) can help to reduce your chance of having a stroke by almost 70%.

If you decide to take warfarin medication, your doctor will use blood tests to make sure that the medication is working properly to prevent a stroke. The blood test is called an “INR”, and it needs to be kept in a range between 2.0 and 3.0. At first, you will need to have blood tests done fairly often. Once your INR is stable, you will need to have this test done once a month. If your test is too high or too low, your doctor will call to change your warfarin dosage.

Some people who are lower risk for stroke may take ASA (Aspirin®) which reduces the chance of having a stroke as well, but only by about 20%.

(continued on next page)

What are the risks associated with taking warfarin (Coumadin®)?

Bleeding

Warfarin increases the risk of bleeding. There are different degrees of bleeding, each person's risk is different. Your doctor will discuss this with you.

Bleeding risk (warfarin) is estimated as follows:	1 year	5 years
Very serious, life-threatening bleeding	1% per year If 80 years or older increases to 3.4%	5% If 80 years or older, about 17%
Less serious, but worrisome bleeding	about 3.4% to 7% per year for patients over 50 years old	20 to 35% over 5 years

Taken from: Fihn SD, Callahan CM, Martin DC, McDonnell MB, Henikoff JG, White RH. The risk for and severity of bleeding complications in elderly patients treated with warfarin. The National Consortium of Anticoagulation Clinics. *Ann Intern Med* 1996;124(11):970-979

Drug Interactions

Warfarin interferes with many medicines (prescription or over-the-counter) and herbal remedies. Please speak with your doctor or pharmacist before taking additional medications. In particular, do not take drugs that increase the risk of bleeding while taking warfarin—such as ASA (Aspirin®) or ibuprofen (Advil®, Motrin®)—without talking to your doctor first.

Diet Cautions

Some foods that contain vitamin K (such as liver, broccoli, and cauliflower) can affect the way that warfarin (Coumadin®) works. You don't need to completely avoid foods containing vitamin K, but you do need to keep the amount of them that you eat steady (the same from day to day). Consider limiting or avoiding your use of caffeine (tea and coffee, chocolate, and pop), alcohol and other stimulants. They can increase your heart rate and affect the way warfarin works in your body.

What can I expect in the future?

- ! If there is a specific condition causing your atrial fibrillation, treating the cause often returns the heart rate to normal. Other times your doctor can't treat the cause.
- ! You may need to take medications every day to control the rate that your heart beats. To avoid complications, take your medicine according to your doctor's instructions.
- ! If you are taking anticoagulants ("blood-thinning medication"), go for blood tests and see your doctor regularly.
- ! Notify all health care providers (physicians, dentists) if you are taking anticoagulant medication.
- ! Carry an ID card or obtain and wear a **MedicAlert®** bracelet/necklace. You can do so by contacting: MedicAlert Canada: toll-free phone number 1-800-668-1507 or online: www.medicalert.ca
MedicAlert Worldwide: toll-free 1- 888-633-4298, 209-668-3333 outside U.S. or online: www.medicalert.org

Call your doctor if you have any of the following:

- Chest pain
- Fluttering or palpitations of your heart
- Shortness of breath
- Bleeding
- A fall

For more information: 1. Contact your local **Heart Association**.
2. Check the internet ("the web"):
www.nlm.nih.gov/medlineplus and type in "atrial fibrillation" or "anticoagulant"
www.medicinenet.com/atrial_fibrillation/article.htm

Adapted from: <http://familydoctor.org/x6536.xml> and <http://members.rogers.com/mgreiver/afib.htm>. Accessed Oct 2004.

