



AF Association
☎ + 44 (0) 1789 867 502
@ info@afa.org.uk

What is AF?

Atrial fibrillation (also referred to as AF) is an abnormality in the rhythm of the heart (arrhythmia). It originates from the upper chambers of the heart, the atria. As the atria control the heartbeat, this means that your pulse becomes irregular.

Atrial fibrillation is the most common form of arrhythmia, affecting seven out of every 100 people over the age of 65. A patient may not feel any symptoms when the heart rate changes from normal sinus rhythm to atrial fibrillation, and so it is often only detected by your doctor when you attend for other reasons or when you feel an irregular pulse at your wrist. However, some patients may present with palpitations (being able to feel the increased and irregular heart rate), shortness of breath or chest pains.

Some patients with AF may spontaneously return to normal (sinus) rhythm after a short period of time. This is called paroxysmal atrial fibrillation. Others may remain in AF, called persistent or permanent AF.

AF can be triggered by other stressors on the body. These include lung disease such as chronic bronchitis and pneumonia, disease of the heart valves, hypertension, heart failure, valvular disease, atherosclerosis, an overactive thyroid gland or too much alcohol. However, these are not the only causes, and for many there may appear to be no obvious reason.

Atrial fibrillation can increase the risk of an AF-related stroke. The arrhythmia causes the blood to pool and form a blood clot in the heart. This can then be carried to the small blood vessels in the brain where it blocks the blood flow and causes a stroke. To reduce the risk of an **AF-related stroke**,

your doctor will assess your risk factors and decide whether to start you on an anticoagulant. Antiplatelet drugs (aspirin and clopidogrel) are no longer prescribed for AF.

There are two main goals in managing AF. The first is to reduce a person's risk of an AF-related stroke. The second is to stop or reduce symptoms caused by the arrhythmia.

Preventing AF-related strokes

When clots have formed in the atrium, there is a chance that they will move into the blood flow and be carried in the circulation to smaller blood vessels of the brain. When an area of the brain has its blood supply blocked by a clot, this causes an ischaemic (clot caused) stroke. Most AF clot related illness occurs in the brain as a stroke but can cause issues in other areas of the circulation.

Several therapies are available which reduce the risk of an AF-related stroke significantly. Mostly, this is in the form of anticoagulation, also known as blood thinning. There are now five commonly prescribed anticoagulants: the vitamin K antagonist warfarin and the non-vitamin K antagonists apixaban, dabigatran, edoxaban and rivaroxaban. It is very important that you discuss with your doctor which option is most suitable for you. The CHA₂DS₂-VA score allows you to understand your risk of a stroke due to your AF.

AF symptoms are a leading cause of emergency department attendance and unplanned hospitalisation. It can be managed with rate or rhythm control by using tablets, electrical shock (cardioversion) or minimally invasive procedures called catheter ablation which targets the area that triggers and sustains AF in the heart to reduce the AF burden.



Founder & CEO: Trudie Lobban MBE, FRCP (Edin)
Registered Charity No. 1122442
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Published February 2011 | Reviewed July 2025





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Assess your personal risk score (CHA₂DS₂-VA)

Risk Factors	Points	Your Score
Chronic Heart Failure	1	
Hypertension	1	
Age 65-74 years	1	
Age ≥ 75 years	2	
Diabetes	1	
Stroke or previous TIA	2	
Vascular Heart Disease	1	
Total		

If you have been recommended to take aspirin prior to your diagnosis with AF you often will find this can be replaced by the oral anticoagulant except in a few specific situations. This may be where your specialist recommends you require both treatments either for a short while or very occasionally, indefinitely.

The NICE Patient Decision Aid on AF and Anticoagulation has been designed to help you and your doctor discuss the options and decide on what is best for you.

Left atrial appendage: The side chamber of the left atrium is a common area for the blood flow to be reduced with a risk of clots forming. This area can be blocked off using a minimally invasive catheter-based procedure or during cardiac surgery to reduce the risk of clots forming here.

This option is usually recommended to people who are unable to tolerate or are contraindicated for an anticoagulant or in people who have had a stroke whilst taking an anticoagulant

To view our patient resources, scan the QR code below:



Acknowledgments: AF Association would like to thank all those who helped in the development and review of this publication. In particular, thanks are given to Dr Matt Fay, Prof G.Y.H Lip, Dr Charlotte D'Souza and Dr Nikhil Ahluwalia.

AF Association Resources

AF Association factsheets which may be of help:

- Apixaban / Dabigtran
- Edoxaban / Rivaroxaban
- Warfarin therapy / Warfarin and diet
- Warfarin and other medication
- Aspirin and AF: FAQs

AF Association booklets which may be of help:

- Preventing an AF-related Stroke
- Living with AF and Atrial Flutter
- Treatment options for AF
- AF Patient Information
- Mindfulness and Healthy Living with AF



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Please remember that this publication provides general guidelines only. Individuals should always discuss their condition with a healthcare professional. If you would like further information or would like to provide feedback please contact AF Association.