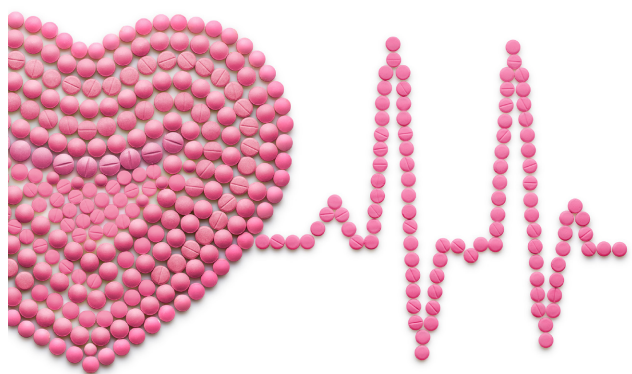


Living with... AF

Frequently Asked Questions



How do you know when an event of asymptomatic paroxysmal AF is occurring or coming?

With asymptomatic AF you do not present with symptoms, so you will be unaware of a forthcoming episode or whether you have had one recently. Recently, screening has been in place at Covid vaccination clinics. Volunteers were able to undertake checks using the 1L (single lead) AliveCor Kardia Mobile device. The device involves an App downloaded to a smartphone/tablet, by placing your first two fingers on the pads, the device records an ECG and can detect atrial fibrillation. The screening results found that patients over 80 years old, AF was detected in 13 individuals, the majority of whom did not know they had it. This demonstrates that the individuals were not aware as they did not present symptoms and hence are deemed asymptomatic. This also shows that those individuals are potentially at risk of experiencing an AF-related stroke.

Many individuals are prescribed anticoagulants, and/or additional medications, such as beta

blockers or rate limiting calcium channel blockers. It is important to get to know your pulse – as it could save your life!

If an individual previously received several treatments that successfully managed to minimise AF episodes but more recently, the episodes have returned, is this normal or will it settle down or change?

It is very common to have an ablation that is successful initially, but by the end of the year you are back in AF because the abnormal electrical pathways have reformed. Practically speaking rate limitation with anticoagulation will do well if individuals are asymptomatic or have minimal symptoms. If patients have significant symptoms then options to restore normal sinus rhythm should be considered including repeat ablation or electrical cardioversion with or without antiarrhythmic medications.

How effective is the 'Pill-in-the-Pocket' treatment for paroxysmal AF?

It can be very effective for the right type of patient. The 'Pill-in-the-Pocket' (PIP) is helpful for those who experience intermittent AF, otherwise known as paroxysmal AF. For instance, if a patient experiences discreet episodes once or twice per month, or once or twice every couple of months, then PIP can be helpful. The PIP medication should stop the arrhythmia from going on too long. There are some patients who are able to predict how they

feel on a particular day and feel that they may have an episode, and will take it pre-emptively to try and prevent it happening in the first place. Both methods are effective, but it depends on how the patient understands their own AF.

PIP is not always a successful treatment for intermittent AF, when it is more frequent. Your doctor may wish to determine an alternative treatment for you.

What are the risks of bleeding if you are taking anticoagulants? For instance, if you had a 'bump on the head, should you seek medical advice?

When prescribing anticoagulants, the doctor will consider the individual's overall status, such as their age, other underlying medical conditions, and whether they have previously experienced a stroke. The doctor will be able to assess and build up a risk profile of a stroke, before making the judgment to begin anticoagulation. This can be via the CHA₂DS₂-VASc stroke risk assessment score, to determine if there is a risk of stroke and benefit from the anticoagulant therapy. From recent research studies the risk of bleeding is generally considered to be quite low so the risk of preventing a stroke outweighs the risk of bleeding. Of course, if you were to be taking anticoagulants, and sustain an injury, then it is recommended to seek medical help. For instance, a bump on the head can cause a bleed in the brain, which would not necessarily be obvious to detect, unless the injury was severe. You may be referred for a CT scan to ensure there is no abnormal bleeding in the brain. It is recommended to be cautious whilst carrying out certain daily activities, such as cooking, and participating in contact sports or activities.

Can an ablation be offered as a treatment for AF at any time? For instance, whether it is paroxysmal, persistent, or permanent AF? What would the alternative treatment be?

Ablation is generally offered to treat paroxysmal AF, as paroxysmal AF represents the early stages of the condition. As AF develops it becomes more frequent and can eventually become persistent or continuous.

If you are deemed unsuitable for an ablation, then alternative medication therapies are prescribed, for instance with persistent AF.

That would mean that you would in essence accept the AF, continue the anticoagulation therapy, and control the heart rate. You could try and restore normal rhythm with drug therapy and cardioversion therapy where there is an electrical shock administered, but this is a temporary measure, so that does not give you lasting success. There are some instances where antiarrhythmic drugs can be offered.



Is it safe to drive with AF?

It is safe to drive providing your symptoms are not affecting your driving ability. However, if your symptoms are debilitating, or you are prone to fainting episodes with AF, then you must inform the DVLA, who will advise you

whether or not you may continue to drive. If you are unsure, please contact your doctor for their advice and visit the DVLA website to view the most up to date guidelines.

What foods can I eat with AF? Are there any foods to avoid?

Many individuals find foods containing 'Monosodium Glutamate' (MG) can stimulate the heart to beat faster. MG can be found in foods such as takeaways, fatty foods, and processed foods. These food groups are okay as a treat, but not to be consumed on a regular basis. It is advisable to focus on a healthy and nutritious diet, containing fresh foods, fruit, vegetables, good quality meats, and proteins. It is important to drink water and keep hydrated. Ideally, avoid too many fast, fatty foods, and processed foods with lots of salt. Many patients can identify that their AF trigger is linked to certain foods, such as those containing high levels of MG, or alcohol.

Would any lifestyle or dietary changes have an influence long-term on the condition?

Foods containing excessive amounts of salt will increase your risk of hypertension (high blood pressure) which has a strong link with AF. There are only a few known foods to avoid, unless there is an interaction with your medication. For example, it is known that green vegetables potentially can affect the efficacy of Warfarin and should be avoided. Direct Oral Anticoagulants (DOAC) have little or no interactions with foods. It is advisable to minimise or eliminate alcohol, caffeine, caffeinated drinks, and energy drinks, as they have been proven to increase the heart rate.

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 Shouvik Halder, Dr John Cannon and Ms Helen Hodgson