



Live in Rhythm

AFib Awareness Guide



Atrial fibrillation (AFib) makes it hard for the heart to keep a strong, steady beat. At Mercy, our cardiovascular specialists offer the latest treatments and technologies to help people with AFib live in rhythm. Whether you're managing AFib, caring for someone with the condition or simply looking for information, you'll find helpful resources in our guide.

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This guide is for informational purposes only and doesn't replace the advice of a doctor. For medical advice, talk with your Mercy doctor or heart specialist.





Understanding Heart Rhythm

Like music, your heart has a natural rhythm. It has four chambers that keep a steady beat using a built-in electrical system. With every heartbeat, an electrical signal flows from the top of your heart through the chambers. This signal makes your heart contract and relax in a rhythmic pattern to pump blood throughout your body.¹

Pacemaker

Your heart's natural pacemaker sends an electrical signal telling the upper chambers to contract, or squeeze.

Upper Chambers

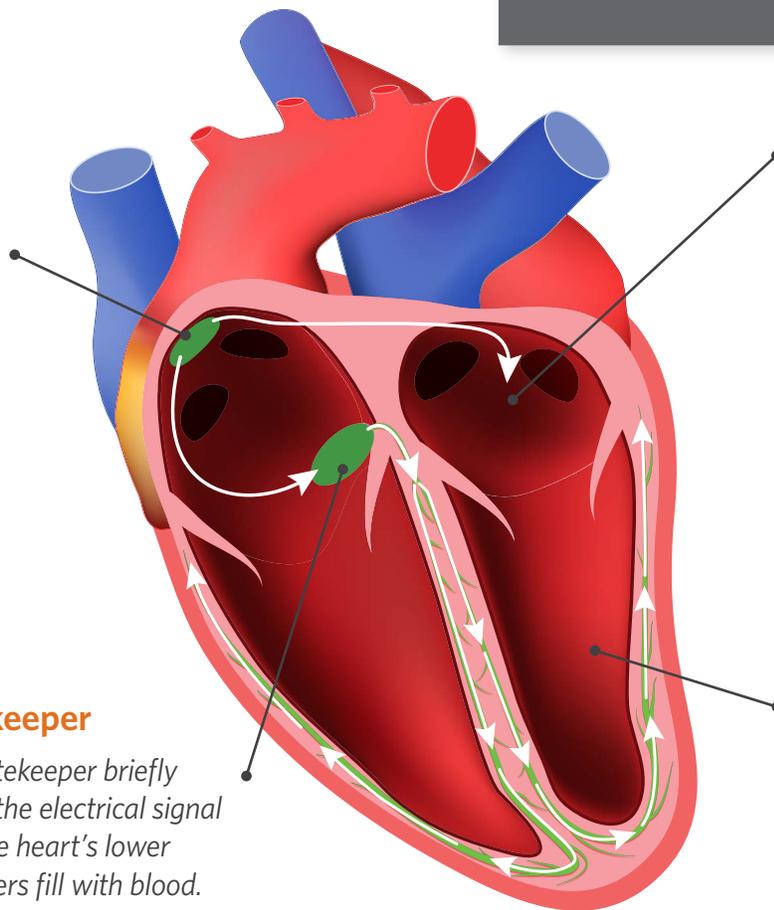
When your heart's upper chambers contract, they pump blood to the lower chambers.

Gatekeeper

The gatekeeper briefly delays the electrical signal until the heart's lower chambers fill with blood.

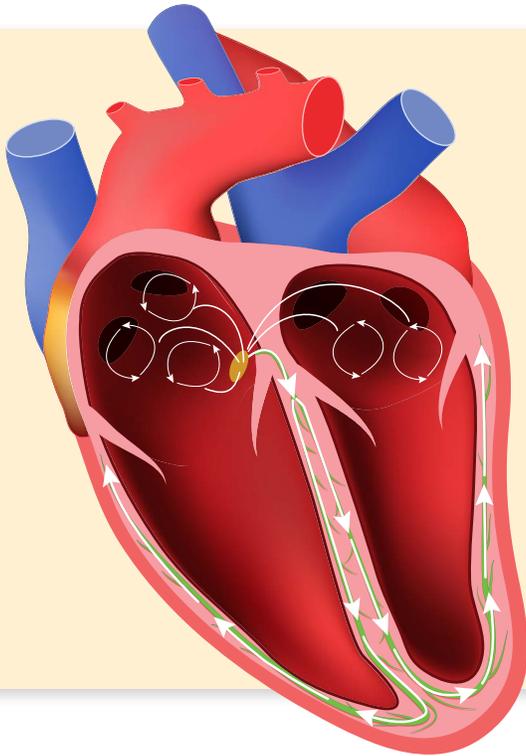
Lower Chambers

When your heart's lower chambers contract, they pump blood out to the rest of your body.



What's a Normal Heart Rate?

A normal adult heart rate is between 60 and 100 beats per minute. When your heart's in AFib, beats become irregular and fast, reaching up to 200 beats each minute.⁴



What's AFib?

With **atrial fibrillation (AFib)**, the heart beats out of rhythm. Extra electrical signals confuse the upper chambers, causing them to quiver instead of contracting.

This irregular heartbeat prevents blood from flowing through your heart like it should, which can lead to blood clots and stroke.²

AFib by the Numbers

#1 AFib is the **most common** type of irregular heartbeat

15% 15% of strokes are a result of **untreated AFib**

2-7x People with AFib have a higher **risk of stroke**

UP TO 6.1M
Americans have AFib

750,000
hospital stays each year are caused by AFib



- Men are at higher risk for **developing AFib**

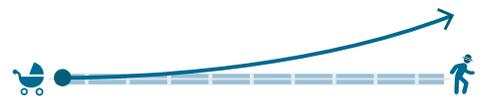


- Women live longer, so **more have AFib**

- Women have **more AFib complications**



70% of people with AFib are between **65 and 85**



The risk for AFib **increases as you age**



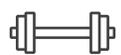
Risk Factors

1. Aging
2. Heart disease
3. Heavy drinking
4. High blood pressure
5. Family history
6. Sleep apnea

AFib Symptoms

 Rapid, irregular heartbeat

 Fluttering feeling in your chest

 Heaviness in your chest

 Tiredness/weakness

 Fainting/confusion/dizziness

 Sometimes no symptoms

Sources: Healthline.com | CDC.gov | Heart.org | nhlbi.nih.gov



Diagnosing AFib

Think you may have AFib?

Your first step is to talk with your Mercy primary care doctor or cardiologist. Your doctor may order one of the tests used to detect AFib.

AFib Tests



EKG - Sticky pads called electrodes are placed on your chest. They're connected to a machine that draws graphs of your heart waves.



EP Study - To find out where abnormal heartbeats are coming from, a thin tube called a catheter is threaded through a vein to your heart.



Holter Monitoring - You wear a portable monitor that records your heart activity — either continuously or only when you feel symptoms (event monitoring).



Echo - This is a heart ultrasound. Soundwaves create a picture showing how well your heart's working.

Types of AFib

If you're diagnosed with AFib, ask your doctor which of these types⁵ you have.

PAROXYSMAL AFIB

- Comes and goes
- Lasts up to 7 days

PERSISTENT AFIB

- Continuous AFib
- Lasts 1 week+

LONGSTANDING PERSISTENT AFIB

- Continuous AFib
- Lasts 1 year+

PERMANENT AFIB

- Continuous AFib that lasts for life

AFib Progression

AFib is a progressive condition. Occasional episodes may gradually become more frequent and longer-lasting. As AFib progresses, you may notice more symptoms. All forms of AFib increase your stroke risk, so early diagnosis is important.⁶



About Smartwatches

Smartwatches can help detect AFib, but they're not as accurate as EKGs. A doctor should always confirm results.¹⁵

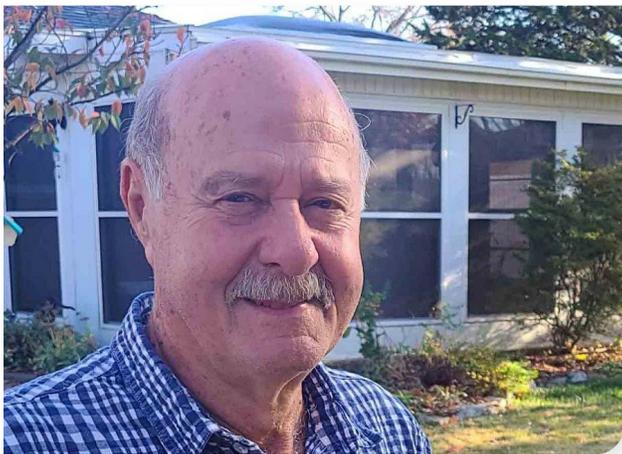
Newly Diagnosed?

Bob received **catheter ablation for AFib** at Mercy.

Bob, age 78, had to take frequent breaks while outside tending to his yard. "I had to sit and rest all the time," he said. "My heart would beat so hard, it felt like someone was kicking the back of the couch."

Bob put up with it until he saw something on TV. "They listed the symptoms for atrial fibrillation, and I had four of the symptoms," Bob said. Dr. Eric Shulman, a Mercy electrophysiologist, diagnosed Bob with AFib after testing. Because Bob was in good physical condition, he was treated with catheter ablation.

The results have Bob up, working in his yard and doing things he loves. "I can't tell you how unbelievable the improvement is," Bob said. **"If I had to do it all over again, I would."**



When you learn you have AFib, it's natural to wonder what's ahead. The good news? The right AFib treatment can help you enjoy a healthy, active life. Hearing from other Mercy patients with AFib may help you adjust to your diagnosis.



Gail **recognized changes** in her heart rhythm.

Gail, age 64, started feeling her pulse quicken without much activity. "I would move, and my heart would race like crazy," she said. "It got up to 200 beats per minute at times."

As these episodes became more frequent, Dr. Mark Vogel, a Mercy cardiologist, ordered a stress test and holter monitoring. Gail was found to have supraventricular tachycardia, or SVT, and AFib. Dr. Amit Doshi, a Mercy electrophysiologist, said she was a great candidate for catheter ablation.

The procedure was a success, and today Gail feels back to her old self. **"I have regular appointments to make sure everything is working well,"** she said. With better heart health, Gail now spends more time with her 17 great-nieces and great-nephews.



Finding the Right Treatment

New AFib treatments are always being studied and developed.

This guide covers the most common treatments used by Mercy cardiologists and electrophysiologists (*doctors who treat heart rhythm disorders*). Your treatment plan usually depends on your AFib symptoms, age, health conditions and stroke risk.



Preventing Stroke

Blood Thinners

When you have AFib, blood can pool in your heart and form clots. Blood clots can move to your brain, leading to strokes. Blood thinners (also called anticoagulants) are medications that decrease stroke risk by preventing blood clots from forming. Today, new types of blood thinners are available that don't require as much lab work or the same diet restrictions as past medications. As with all medications, there are risks and safety practices you should know about.

BLOOD THINNER BENEFITS

Prevents blood clots

Lowers stroke risk

With AFib, stroke is:

2-7x more likely to occur
2x more likely to be severe, where you can't:

- Speak
- Eat
- Bathe
- Get dressed
- Move on 1 or both sides

BLOOD THINNER RISKS

Bruising

Bleeding (*external & internal*)

Dizziness

Fatigue

REMEMBER

Bleeding from blood thinners can be stopped.

Preventing a severe stroke outweighs other risks.

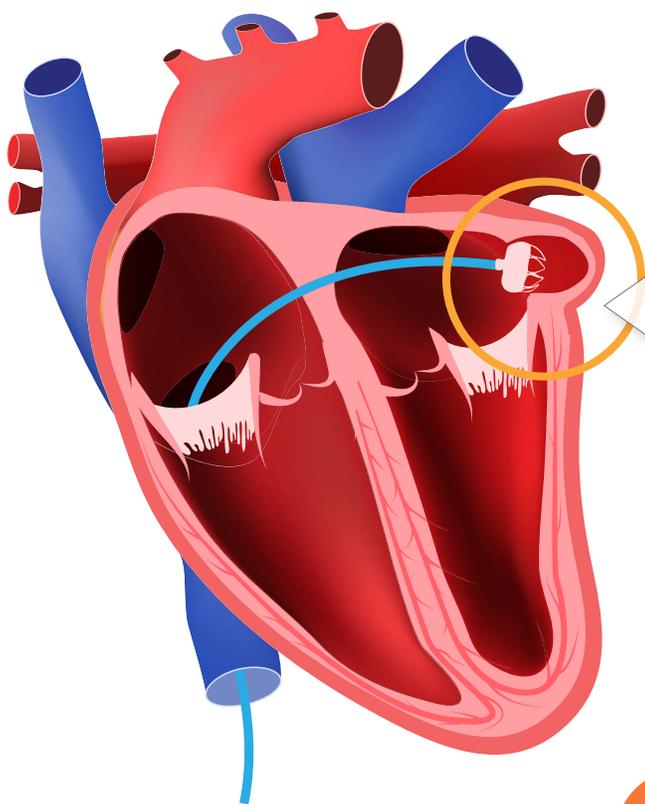


Take blood thinners exactly as prescribed by your Mercy doctor or heart specialist. *Never skip a dose, double up or stop taking your medication without consulting your doctor.*

Try using a daily pillbox to keep yourself on track.

What's Your Stroke-Risk Score?

As you and your Mercy heart specialist develop a treatment plan, it's important to consider your stroke risk. **Complete the scoring form in the [appendix](#) or use the [online risk estimator](#).**



Preventing Stroke

Left Atrial Appendage Closure

For people with AFib who can't take blood thinners safely, this procedure can help. Your left atrial appendage is a small pouch shaped like a windsock that's found in the top-left heart chamber. **When you have AFib, blood can collect in this pouch and clot, increasing your stroke risk.** A parachute-shaped medical device can be guided to your heart through a catheter and implanted in the pouch to prevent blood clots from forming.



Controlling Heart Rate

Rate-control Medications

These medications help keep your heart from beating too fast during AFib.

- Beta-blockers stop the release of stress hormones, making your heart beat more slowly.
- Calcium channel blockers also help slow down the heartbeat.
- Digoxin makes electrical signals move more slowly in your heart to bring down your heart rate.⁴



Resetting Rhythm

Rhythm-control Medications

Two main types of medications are used to help restore your heart to a normal rhythm.

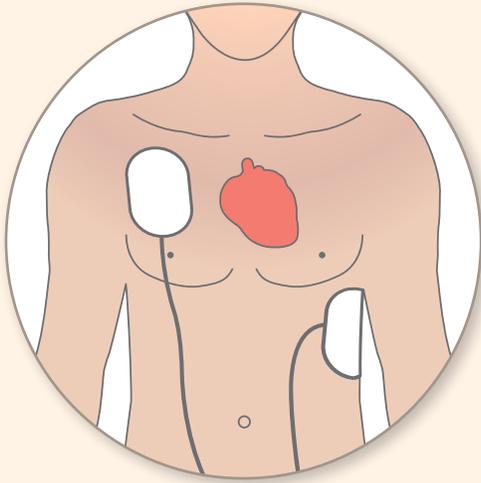
- Sodium channel blockers keep sodium from getting through cell membranes. This slows electrical signals in your heart. These drugs are often used for short AFib episodes and are sometimes called "pill-in-the-pocket" treatments.
- Potassium channel blockers prevent potassium from crossing cell membranes. This helps lengthen the time between heartbeats. These medications are typically used for longer-lasting types of AFib.⁴

Rhythm-control medications have risks and require close monitoring by your Mercy heart specialist. Although they can take up to a year to fully work, these drugs are highly effective.⁸

Talk with your doctor to learn more.

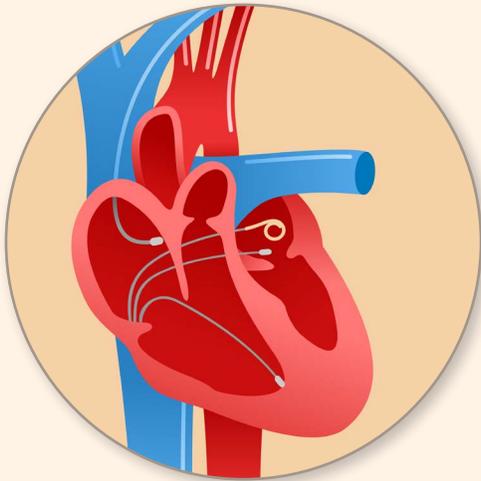


Resetting Rhythm



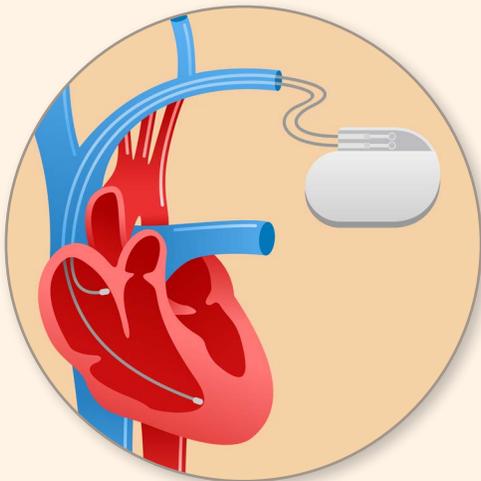
Cardioversion

This procedure uses brief, mild electrical shocks on the outside of your chest to reset your heart's rhythm. Cardioversion is done under mild anesthesia using paddles or patches. It's similar to defibrillation but at much lower electricity levels.² Medications can also be used for cardioversion, but they may take longer to work than electric cardioversion.¹²



Catheter Ablation

An ablation destroys tiny areas of heart tissue that cause abnormal rhythm. This nonsurgical procedure is done in a hospital cath lab. Thin, flexible wires are inserted into a vein in your groin or neck and threaded to your heart. Electrodes at the tip of the wires burn or freeze the tissues that are sending the wrong electrical signals.⁹



Pacemaker

People with AFib may need a pacemaker to keep their heart rate from dropping too low. A pacemaker is a small, battery-powered device that sends electrical signals to help the heart set a regular pace. Permanent pacemakers can be implanted in the chest, abdomen or heart. Newer pacemakers weigh as little as an ounce and can be leadless (without wires).¹⁰



Maze Procedure

A surgeon makes small cuts in the upper chambers of the heart in a maze-like pattern. This creates scar tissue that interrupts the abnormal signals causing AFib. The procedure can be performed through open-heart surgery or small punctures in the chest. It's usually done when a person is having cardiac bypass or valve surgery. The maze procedure has a success rate (freedom from AFib) of more than 90%.¹¹

Convergent Procedure

People with persistent AFib that doesn't respond to other treatments can benefit from the convergent procedure. In this hybrid procedure, an electrophysiologist and a cardiac surgeon work together to perform ablations on the inside and outside of the heart.¹³



Lifestyle changes to help avoid or reduce AFib:



Exercise



Alcohol and caffeine limits



Healthy weight



Healthy diet



No smoking



Quality sleep



Adopting Healthy Habits

While not a cure for AFib, these lifestyle changes can help make your symptoms more manageable.

Exercise Safely

Being inactive or obese raises your risk for AFib complications. Aim for at least 30 minutes of mild or moderate exercise daily. Heavy exertion can trigger AFib symptoms, so talk with your doctor before starting a fitness routine.

Limit Alcohol and Caffeine

When you have AFib, you may notice more symptoms after your morning cup of coffee. Consider switching to caffeine-free beverages or water. Regular alcohol or binge-drinking can lead to a stroke. Women who have more than one drink daily and men who have more than two tend to have higher blood pressure, increasing their stroke risk.

Maintain a Healthy Weight

Excess weight can raise your risk for stroke and other serious health conditions. To help control your weight, ask your doctor how many calories per day is healthy for you to consume. You may need to adjust the foods and beverages you choose. Logging your daily food and drink can help you stay on track.

Eat a Heart-Healthy Diet

A diet rich in fruits, vegetables, whole grains and fiber is best for your heart health. Avoid sugary beverages and sweets, and drink plenty of water. On a heart-healthy diet, you're less likely to develop high blood pressure, diabetes and heart disease, which raise your stroke risk.

Don't Smoke

Smoking is linked to many diseases, such as stroke, heart disease, lung cancer and respiratory conditions. When you stop smoking, you can avoid many of these risks.

Get Quality Sleep

Did you know that sleeping fewer than six hours a night can raise stroke risk? And sleep apnea, a sleep disorder that affects breathing, is also a stroke risk factor. If you snore, talk with your Mercy doctor about a sleep study.^{14, 16}



To find a Mercy heart specialist who can help you manage AFib, visit mercy.net/AFibFinder.



Why Choose Mercy?

When you or a loved one have AFib, you want the best possible care from experienced heart professionals. At Mercy, our multispecialty team of cardiovascular experts offers a full range of exceptional AFib care.

Nationally Recognized Care

Hospitals across Mercy consistently receive cardiovascular awards and distinctions, including:

- **Recognition by the American College of Cardiology (ACC)** in the U.S. News & World Report “Best Hospitals” issue as a top health system for heart care
- **The ACC Chest Pain - MI Registry Platinum Performance Achievement Award**
- **Distinguished three-star ratings** from the Society of Thoracic Surgeons for
 - TAVR procedures
 - Heart bypass surgery
- **American Heart Association/Stroke Association Get With the Guidelines®** awards for:
 - Heart failure care
 - Stroke care
- **Multiple designations as Missouri Time Critical Diagnosis STEMI Centers** (STEMI is a life-threatening heart attack caused by total blockage of a coronary artery)
- **Publication in the New England Journal of Medicine Catalyst: Innovations in Care Delivery** for advancing heart failure care and clinical decision support tools

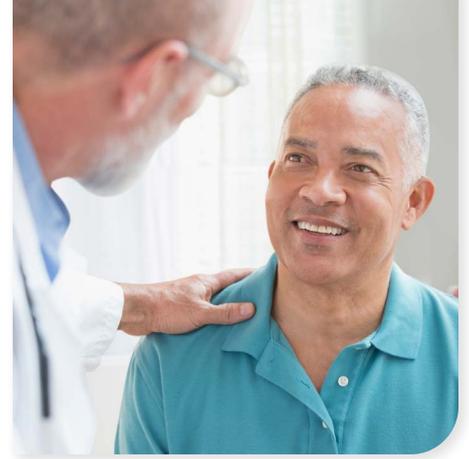


Want to Explore More Options?

If you’ve been diagnosed with a heart condition like AFib, meet with a Mercy heart specialist to discuss your treatment options.

Visit mercy.net/HeartOptions to find a specialist near you.

Your Mercy doctor will need to review your medical records, and costs for a specialist office visit apply.



Questions to Ask Your Doctor

1. What’s my stroke risk, and how can I reduce it?
2. How can I better control my AFib?
3. Do I need to take a blood thinner?
4. Could my current medications interfere with AFib treatment?
5. What’s the best treatment plan for me?
6. Am I at risk for heart failure or valve disease?

From prevention and early detection to treatment and recovery, you can trust your heart to Mercy.

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Appendix: Stroke-Risk Scoring Form

Answer a few questions about your health history. Total your points in the “Yes” column, then compare your total to the risk-level chart below.

STROKE RISK FACTORS	YES	NO
Do you have congestive heart failure?	<input type="radio"/> +1	<input type="radio"/>
Do you have high blood pressure?	<input type="radio"/> +1	<input type="radio"/>
Are you age 75 or older?	<input type="radio"/> +2	<input type="radio"/>
Do you have diabetes?	<input type="radio"/> +1	<input type="radio"/>
Are you age 65 to 74?	<input type="radio"/> +1	<input type="radio"/>
Have you ever had a stroke or signs of a warning stroke called a transient ischemic attack?	<input type="radio"/> +2	<input type="radio"/>
Have you ever had peripheral artery disease, a heart attack, coronary artery disease or aortic plaque?	<input type="radio"/> +2	<input type="radio"/>
Are you a woman?	<input type="radio"/> +1	<input type="radio"/>
Total Points:		

RISK-LEVEL CHART

Circle the number that matches your total from the “Yes” column. Ask your doctor to confirm your score.

2	3	4	5	6	7	8	9	10
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The higher your score, the more you may benefit from blood thinners.

- Usually, people who score 0 don’t need blood thinners.
- People who score 1 may or may not need blood thinners.
- Blood thinners may be recommended for men who score 2 or above and women who score 3 or above.

This tool doesn’t replace a risk assessment by your Mercy heart specialist. You and your doctor can work together to decide whether blood thinners are right for you.

SOURCE: American Heart Association²



Your life is our life's work.