

Got FIB? (Fast, Irregular heartBeats)

Seeking immediate medical attention could save your life

By Christie L. Carter

Most of us are fairly in tune with our bodies. We know when something doesn't feel right. The question then becomes, what do you do about it?

“Donald,” a 68-year-old male with no history of health problems, was relaxing at home when he felt a fluttering sensation in his chest. It only lasted a few minutes, and he soon forgot all about it.

“Angela,” a 56-year-old female diabetic with high blood pressure, was gardening when her heart began to race and she felt dizzy and short of breath. Her symptoms subsided after 10 minutes, but this wasn't the first time she had experienced these sensations.

While Donald and Angela's medical histories and current symptoms are very different, they have one vital thing in common—neither should ignore what they are currently feeling. If you experience **F**ast, **I**rregular, heart**B**eats (FIB), the absolute best thing you can do is seek immediate medical treatment. It's critical to help prevent your chances of having a stroke.

In the United States, AF is the most common heart arrhythmia, affecting an estimated 2.7 million to 6.1 million people in the United States¹. While there are multiple types of AF, non-valvular atrial fibrillation (NVAf) is not caused by a faulty heart valves, but instead occurs when electrical signals in the heart are not functioning properly. This disorganized electrical activity in your heart disrupts its normal coordinated rhythm.

Signs and Symptoms

It's important that you, family members and friends know the warning signs and symptoms, including:

- “Fast, irregular heartBeats”
- Palpitations or a sensation that your heart is skipping, fluttering or pounding
- Feeling light-headed, dizzy or faint
- Feeling tired or unable to complete normal daily activities
- Shortness of breath and anxiety
- Chest pain or a tightness/discomfort in your chest
- A sensation of not feeling right
- General fatigue or fatigue when exercising
- Fainting or confusion
- Weakness
- Sweating at rest or with minimal exertion

In the situations mentioned above, both patients need to seek medical attention. At the very least, Donald, who was experiencing FIB, should contact his primary care physician. Angela should call 911 immediately.

Regardless of the type of AF you have, you need to get it under control as soon as possible. NVAF can often be treated with anticoagulant medication. Depending on your condition, you may require treatment with intravenous medications or a therapeutic dose of electric current to control your heart rate.

Does This Really Put Me At Risk For Stroke?

Absolutely. And here's why.

NVAF is serious, but it can lead to something much more life-changing and possibly life-threatening.

“Everyone needs to understand that AF will make you feel bad because your heart isn't pumping efficiently—but that's something that can be fixed,” says Phillip Levy, MD, MPH, FACEP, FAHA, professor of emergency medicine, Wayne State University, Detroit. “It's the risk of stroke that makes AF such an important thing to look out for.”

W. Frank Peacock, MD, FACEP, professor of emergency medicine, Baylor College of Medicine, Houston, agrees. “If you've got AF, your risk of having a stroke skyrockets. Therefore, you should be considered for an anticoagulant to help reduce that stroke risk if possible.”

When the heart doesn't beat properly, blood doesn't flow out of the heart as it should. This can lead to the formation of clots within your heart. A stroke occurs when a clot breaks away, blocking an artery or vessel and preventing blood and oxygen from reaching your brain.

There are a number of risk factors for stroke that AF patients should be aware of, including:

- Previous stroke or heart attack
- Previous transient ischemic attack, or “mini-stroke”
- Previous thromboembolism (blood clot that has blocked a vessel or artery)
- Over 65 years of age
- Hypertension (high blood pressure)
- Heart failure
- Diabetes
- Vascular disease
- Acute infections
- Coronary or peripheral artery disease
- Other lifestyle factors, such as stress levels, excessive alcohol intake and stimulating drugs (like caffeine)

Although the symptoms and complications from all types of AF are similar, the treatments for each type are very different. That's why it's essential that you talk with your doctor if you are experiencing any signs or symptoms.

No one knows your body better than you. If it's trying to tell you something, listen. It could save your life.

If you, a family member, or friend experience “Fast, Irregular heartBeats” or any of the other symptoms mentioned in this article, you should contact your personal physician as soon as possible. For additional information, as well as additional valuable resources, please visit www.dontfibyourself.com. And remember, “Don't Fib yourself, this could kill you!”

The American College of Emergency Physicians, along with other health care providers and patient educators, is leading the development of the “Got FIB? Fast, Irregular heartBeats” educational program designed to educate the public and health care providers on the warning signs of NVAF. The project is funded through a grant from the Bristol-Myers Squibb and Pfizer Alliance.

The program provides vital information regarding NVAF awareness, recognition of signs and symptoms, risk factors for developing NVAF-related stroke, access to care, ways to manage the condition, and appropriate treatment to reduce the risk of stroke.

1. January CT, Wann LS, Alpert JS, Calkins H, Cigarroa JE, Cleveland JC Jr, et al. 2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation. *Journal of the American College of Cardiology*. 2014;64(21):2246–80.