Why Is Misdiagnosis So Common Among AFib Patients?

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Why an AFib Diagnosis Can Be Complicated

Atrial fibrillation (AFib) is a clear and distinct disease that proceeds in a predictable manner. The problem is, the symptoms can be so quiet or vague it's extremely difficult to trace them back to a source.

A fluttering, jumping or pounding heartbeat can point to an electrical irregularity, but many AFib patients don't feel a thing. Having no symptoms may seem like a blessing, but it's actually a dangerous state; if left for too long without treatment, your first sign of AFib could be a major stroke.

In other cases, symptoms may appear in uncommon patterns and tests may not pick up on the problem. As a patient, it's good to know what AFib diagnosis will involve, how it can go wrong, and what you can do to make sure you get the right diagnosis and the best treatment.

The Typical Route to Diagnosis

The quicker the diagnosis, the better. But in cases with few symptoms it becomes more difficult to rule out other cardiac conditions. After all, the heart is a complicated and well-connected muscle, and various problems could occur simultaneously.

Diagnosing AFib starts with a description of symptoms and a series of physical tests. Your doctor will begin by listening; since a heartbeat is audible, any interruption in that beat should be, too. After listening to the heart, they may move on to:

- Check pulse and blood pressure
- Listen to your lungs
- Perform a stress (treadmill) test
- Perform an EKG
- Attach a Holter monitor or event monitor

Even with this battery of tests, AFib can hide for years behind another condition or simply sit silently. Blood tests can't uncover AFib, but they can find other conditions that could be causing your heart problems (like infection, thyroid problems, or signs of a heart attack), and that can help to narrow down the possibilities.

What Could Lead to a Misdiagnosis?

Although clinical tests are conducted by experts in controlled conditions, they can't catch everything. In fact, some recent studies have revealed that a startling number of AFib cases are not found with the tried-and-true methods.

Misinterpretation of Test Results

When you have an EKG, your doctor can run the results through a computer algorithm to interpret the information. In one study, 19 percent of the EKGs examined had been misinterpreted; in 24 percent of those cases, the doctor didn't correct the mistake, so patients were given medication, management strategies, and additional testing that was unnecessary — and in some cases, harmful.

This doesn't mean doctors are incompetent, but rather EKGs have a margin of error that should be considered. If you have any reason to question your doctor's diagnosis, you should get a second opinion to confirm (or deny) the results.

Gaps in Medical History

Your chances of developing AFib are higher if any of your relatives have it. Unfortunately, AFib is often overlooked, ignored or unknown when it comes to relaying your family medical history to your doctor.

In cases where other medical conditions are responsible for AFib, it's important to diagnose the root of the problem before the AFib can be cleared up.

Next page: conditions commonly confused with AFib during diagnosis

What Could Lead to a Misdiagnosis?

If you aren't clear and communicative about all your medical issues — or have neglected seeing a doctor about any strange symptoms — your AFib could just be a piece of a larger puzzle that calls for a different diagnosis.

Commonly Confused Conditions

So many medical conditions can occur simultaneously, making any diagnosis difficult. Complicating things further, there are dozens of illnesses that bear a lot of similarity to AFib — at least on the surface. Here are some of the conditions that can be mistaken for AFib (or vice versa):

Anxiety Disorders or Panic Attacks

Many people with AFib also have anxiety, which is completely understandable: an erratic heart rate is sure to increase your stress and anxiety, and in turn, that can throw your heart rate into chaos.

Perhaps the most frightening aspect of anxiety or panic attacks is the amount of symptoms concentrated in the chest and head, from palpitations and heavy heart beat, to chest pain and dizziness or atrial fibrillation fainting spells. It's not surprising that panic attacks can be confused for AFib, or even a heart attack.

Hyperthyroidism (Graves' disease)

An overactive thyroid gland will increase your metabolism, which means your heart rate will rise. You may also feel irritable and anxious, and find that you're losing weight without trying.

People over 50 with hypertension or atherosclerosis are at a greater risk for hyperthyroidism. Since AFib risk also goes up after middle age, the two conditions could be confused when symptoms begin. Luckily, there are several targeted tests that will uncover hyperthyroidism.

Tachycardia

Simply put, tachycardia is a faster-than-normal heart rate. It can come in a few specific forms, depending on which part of the heart is affected, but always manifests as a heart rate above the normal values for your age.

Persistent or permanent AFib that brings a fast heart rate could be mistaken for tachycardia that stems from an infection, anemia, heart disease, or a number of other possible causes.

Long QT Syndrome

This heart condition is far less common than AFib, but it shares a couple of the most common symptoms — palpitations and rapid heartbeat. This can be serious, especially if it’s not diagnosed promptly.

But since AFib is a much more common disease, long QT syndrome can go undetected for a long time.

A misdiagnosis can be a mere annoyance or it can have life-threatening consequences. If AFib goes untreated for a long time, your risk of stroke will stay elevated and the symptoms will likely become more uncomfortable.

However, if you’ve been diagnosed with AFib, but the AFib is actually a symptom of a deeper problem, you could be at an even greater danger for a serious medical event.

If you suspect you have AFib or have already been diagnosed, it’s vital that you talk through all your concerns with your doctor and insist on a deeper investigation of your symptoms to ensure you’re on the right track.