The Importance of Taking AFib Medications and Treatment Options

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The Importance of AFib Medications

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So, your physician diagnosed with atrial fibrillation (AFib). You are probably a bit nervous to know there's something wrong with your heart.

How dangerous is atrial fibrillation, and how will it affect the rest of my life? You undoubtedly have a million questions and have no idea where to begin.

Your physician most likely discussed AFib treatment options, but maybe you do not remember the medication options – it is all so overwhelming!

Here, we will discuss why it is important to take medication when you have AFib and what your medication options are.

The Dangers of AFib: Complications

The most severe complications of AFib are stroke, cardiomyopathy, heart failure, and cognitive loss.

Stroke

Almost 20% of ischemic strokes, which result from a blood clot in the brain, are linked to AFib. For people who are aged 80 and older, this number increases to 33%.

AFib causes the atria (the upper chambers of the heart) to quiver. When they vibrate, they are unable to contract regularly. When they cannot pump correctly, the contractions (the "lub-dub" that your physician listens to with a stethoscope) fail to pump blood effectively into circulation.

The blood that is supposed to flow into the lungs pools in the atria. This pooled blood can clot. This clot, if it ever gets out of the atria, can cause a stroke.

Cardiomyopathy and Heart Failure

The second significant complication of AFib is cardiomyopathy, which occurs when a person is in AFib for a prolonged period. The long-duration of irregular heartbeats cause the heart muscle to become weak and interferes with its ability to move enough blood to the rest of the body.

Over time, this weakened state can lead to heart failure.

How Does Heart Failure Happen?

Heart failure happens because your heart becomes so weak that it can't pump strongly enough to move the usual amount of blood to the other areas of the body. As a result, blood backs up in the lungs veins and causes fluid to build up.

The fluid will also build up around the heart, making it hard to breathe, and it starts to pool in the legs.

Cognitive Loss

A cognitive loss means that there is a decrease in brain function. The Journal of the American Heart Association included a study showing that people with AFib have a higher risk of cognitive problems and dementia.

The Good News

Fortunately, knowing how to control your AFib can help you avoid experiencing a stroke. For people with AFib, almost 80% of strokes are preventable.

Medication is one of the primary methods used for controlling AFib. The drugs your physician prescribes for you play a crucial role in helping you reduce your risk for stroke as well as managing your symptoms.

Keeping your AFib under good control will also reduce your chances of developing cardiomyopathy, heart failure, and experiencing cognitive loss and as with stroke, taking medication is a vital part of helping you to avoid developing any of these conditions.

AFib Medication Options

Because of the stroke risk, it is important to take medications if your doctor recommends it. Several drugs can be used to treat AFib, such as heart rate control, anticoagulants, and antiarrhythmic medications.

These medications may be used singly or in conjunction, depending on what your physician recommends.

However, drug therapy by itself isn't a guarantee that your heart rate and rhythm will stay under control. Your physician will evaluate your specific type of AFib and recommend a procedure if he feels it is the best choice for you.

Antiarrhythmic Medications

Antiarrhythmic medications will help to convert the heart into sinus rhythm (a normal heart rhythm) or may be used after a procedure called a cardioversion.

Antiarrhythmic drugs fall into two distinct categories: sodium channel blockers and results in potassium channel blockers.

Sodium channel blockers change the way sodium flows into the cells of the heart, which alters electrical impulses and slows down your heart rate.

Examples of these medications include:

- Propafenone (Rythmol)
- Quinalan
- Flecainide

Potassium channel blockers work like sodium channel blockers, except they block potassium's flow into heart muscle cells, which also causes your heart rate to decrease.

The most common potassium channel blockers used today are:

- Amiodarone (Cordarone, Pacerone)
- Sotalol (Betapace, Sorine)
- Dofetilide (Tikosyn)
- Miltaq

Antiarrhythmic drugs are often recommended to help stabilize the heart muscle. Sotalol and amiodarone have a dual effect because they decrease the electrical signals sent to the AV node, which reduces the heart rate.

Your physician will prescribe an antiarrhythmic drug if you experience severe AFib symptoms, like shortness of breath and palpitations, or if you have undergone a catheter ablation or cardioversion procedure.

Antiarrhythmic drugs can produce serious side effects, so your physician will keep a close eye on how your body responds to taking them.

Side effects of these medications may include nausea and vomiting, and fatigue. They can also cause ventricular arrhythmias – arrhythmias that originate in ventricles of the heart.

This group of medications can interact with other drugs you are taking and cause additional harmful symptoms. Make sure to tell your physician if you use over-the-counter medicines, vitamins, or herbal supplements.

Eating grapefruit or drinking grapefruit juice can have adverse effects on some antiarrhythmics. In some instances, antiarrhythmics can increase how often or how severe the symptoms occur.

Next page: More information on AFib medications, including heart rate control and anticoagulants.

Heart Rate Control Medications

Often, if you are in AFib, your heart rate may be elevated. Medications that are used to control heart rate may not convert the heart rhythm back into sinus rhythm, but they may restore the heart rate to a standard rate.

Examples of heart rate control medications include:

Digoxin (Lanoxin)

Digoxin typically works to control the heart rate at rest but doesn't do a great job of managing the heart rate during activity. Digoxin is used more often with people who have heart failure along with AFib.

Physicians don't prescribe digoxin as often as in the past because recent studies have shown that it seems to increase the risk of death in people without heart failure and is less effective than other medications.

Digoxin doesn't work well when you're exercising or if you are experiencing severe emotional stress.

Side effects of digitalis include:

- Anxiety
- Confusion
- Breast enlargement
- Fast, irregular heart rate
- Depression
- Headache
- Diarrhea
- Fatigue

- Weakness
- Hallucinations
- Nausea
- Lightheadedness
- Changes in your vision
- Unusual bruising or bleeding
- Vomiting

Calcium Channel Blockers

Calcium channel blockers provide rapid rate control and help to decrease heart rate both at rest and during exercise. Diltiazem and verapamil are two drugs in this category that are effective for initial rate control.

When a person comes to the hospital in fast AFib with significant symptoms, they receive one of these medications through an IV. One of the downsides of calcium channel blockers is that they don't work as well as beta-blockers for controlling heart rate.

Some types of calcium channel blockers are:

- Calan SR
- Lotrel
- Verelan
- Procardia XL
- Cardizem CD
- Dilacor XR
- Norvasc

Avoid calcium channel blockers if you have heart failure or hypotension (low blood pressure). Other side effects of calcium channel blockers include:

- Heart Failure
- Palpitations
- Ankle swelling
- Headache
- Constipation
- Dizziness

Beta-blockers

Beta-blockers are a class of medicines used to ease the workload of the heart muscle by reducing the release of adrenaline. Beta-blockers are one of the most common choices for treating a fib because of their high rate of effectiveness in decreasing rapid heart rates.

Examples of beta-blockers used for AFib treatment are:

- Betapace
- Lopressor
- Tenormin
- Bystolic
- Corgard
- Toprol XL
- Coreg
- Zebeta

Beta-blockers can cause hypotension, along with these other side effects:

- Symptoms that resemble asthma
- Depression
- Heart failure
- Cold hands and feet
- Trouble sleeping
- Problems with sexual function
- Fatigue
- A heart rate that is too slow
- Women who want to get pregnant will need to talk with their physician
- People that have diabetes and take insulin need to keep a close eye on their blood sugar levels

Anticoagulants (Blood Thinners)

Anticoagulants are especially important to take if your physician prescribes them. Remember how we discussed that huge risk of AFib is sustaining a stroke? Taking anticoagulants can keep the blood thin, meaning that the clot may not form in the first place.

The most common anticoagulant is warfarin (Coumadin, Jantoven). Coumadin is a very effective and powerful medication. However, the downside is that the drug requires frequent monitoring – it can be challenging to get the dosing accurate.

There are also a couple of newer anticoagulants:

- Dabigatran (Pradaxa) is as effective as warfarin but does not require frequent monitoring. However, you cannot take it if you need anticoagulation due to mechanical heart valves.
- Rivaroxaban (Xarelto) is another option that is also as effective as warfarin. Xarelto is a short-term option to use after catheter ablation.
- Apixaban (Eliquis) is a third option for anticoagulation.

Side effects that can occur when taking anticoagulants include:

- Bleeding into the gums
- Fainting
- Dizziness
- Weakness
- Dark brown, red, or black urine or feces
- Bruising or bleeding more easily than usual
- Increased bleeding during menstrual cycles
- Severe stomach ache or a headache that will not resolve

If you use nutritional supplements or any vitamins regularly, you will need to visit with your physician to see if they cause any harmful interactions with the anticoagulant you take.

Next page: More information on medications for AFib, including antiplatelets, what to do if your medication is giving you side effects or isn't working, and other AFib treatment options.

Antiplatelets (Blood Thinners)

The final class of medications used to treat AFib is antiplatelets. These drugs keep platelets from sticking together, which reduces your risk of clots forming in your bloodstream.

Aspirin serves this purpose for those people with many health problems other than AFib.

Other antiplatelet medications used for AFib include:

- Brinilta
- Effient
- Plavix
- Taking antiplatelets can trigger the following side effects:
- Bloating
- Fungus around the toes
- Fatigue
- Unusually itchy skin and rashes
- A white coating on your tongue
- Increased bleeding

What Should I Do If I Experience Any of These Symptoms?

Many people experience a few side effects when they begin taking a new medication, and this is normal. In many cases, the unusual symptoms happen because your body now has a foreign substance in it that it hasn't had contact with before.

Your body often needs time to adapt to a new medication. The amount of time for this adaptation to occur is different for everyone because no two people are precisely genetically alike.

Some people notice an improvement in the side effects within a few days to a couple of weeks while others don't see a change for a month or more. Don't be too hasty to assume your medication isn't the right one for you if you experience unusual symptoms soon after starting it or they last longer than a few days.

If you are concerned that your body will not adapt to the medication and the side effects won't resolve, visit with your physician. Sometimes the problem is not the medication itself but the dosage, and some people need at least one adjustment before it's fully effective.

What If the Medication Just Doesn't Work?

The same medications don't work the same way for all people. The type of medicine that works best for your neighbor might not work very well for you.

If you experience strong side effects, call your physician right away. If your symptoms are severe and life-threatening, call 911.
Just switching to a different drug within the same class can eliminate the symptoms in many cases.

Always check with your physician when you have concerns about any medication you're taking. Deciding to stop a prescription drug on your own can have serious health consequences.

How Long Will I Have to Take Medication for My AFib?

The length of time that you must take medication for your AFib will depend on several factors such as:

- The type of AFib you have and how long you have experienced it
- How much the symptoms interfere with your regular daily activities
- The root cause of your AFib
- Other chronic conditions you have
- Whether you are recovering from a procedure to correct your AFib

The medication regimen your physician develops depends on many factors. If another condition like a thyroid problem triggers your AFib, treating that issue could help resolve the AFib.

Your physician will determine the pros and cons and will prescribe the correct medications to treat your AFib.

What Are Other My Options Besides Medications?

If you don't want to take medication, don't tolerate it well, or it just doesn't work the way it should, here are some other options for you and your healthcare team to consider:

- Electrical cardioversion is a quick intervention used to shock the heart back into a normal rhythm. A defibrillator delivers the electrical shock through paddles or pads attached to your chest.
- Catheter ablation is a surgical procedure that uses radiofrequency energy or extreme cold to deaden the sections of the heart that create the abnormal electrical activity causing a fib. For some people, catheter ablation can eliminate AFib without needing medication.
- A maze procedure takes place during open-heart surgery. The surgeon creates several small cuts in the top chambers of the heart to form scar tissue that blocks the stray electrical impulses that cause AFib.
- Atrioventricular node ablation involves using radiofrequency energy to disrupt the pathway that links the atria to the ventricles. People that have this procedure also need an implantable pacemaker. The atrioventricular node is the heart's natural pacemaker and altering it in this way will prevent the heart from beating normally, so the implanted pacemaker will then take over the atrioventricular node's previous function. You will need to take blood thinners if you have this procedure.
- A left atrial appendage is another surgical option to treat AFib. A surgeon uses a catheter to create a small hole in the wall of tissue, separating the left and right atria. Next, the surgeon places a left atrial appendage closure device close to a small sac, known as the left atrial appendage, in the left atrium.

These surgical interventions have a high rate of success but don't fully guarantee that AFib will not return.

Medications are a primary treatment option and play a vital role in managing AFib. Your physician will use assessment tools to determine which of the medicines described earlier are the best for the type of AFib you have.

He or she will review your health history and current condition to decide which drug(s) are going to keep your AFib under good control. For some people, a combination of drugs and surgical intervention or procedure is the wisest course of action.

AFib it is a very manageable condition with the right treatment plan. Many people with AFib live active and enjoyable lifestyles with few limitations.

Your healthcare team will help you develop a plan that is realistic and will enable you to live as well as possible with AFib. Make sure to read information about AFib from reputable sources and don't be afraid to ask questions about things that you don't understand.

If you run into problems with your medications or any other part of your treatment plan, make sure you talk with your physician as soon as possible. This way, your physician can adjust your plan to help you avoid any long-term complications.