# What Is Paroxysmal Atrial Fibrillation?

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## Paroxysmal AFib

We've all heard of atrial fibrillation (AFib) before – there are an abundant amount of commercials on TV discussing the condition and medications that treat AFib, and the news touts various athletes and celebrities with AFib.

While you have heard of AFib, do you know that there are different types of AFib? We'll discuss the various types of AFib, then we will discuss paroxysmal AFib in greater detail.

### The Types of AFib

There are three types of AFib. You may have one type of AFib, but it could change during throughout your disease process. Keep in mind that your cardiologist will design a treatment plan and the plan will be dependent on the type of AFib that you have.

The three types of AFib are as follows:

1. **Paroxysmal AFib:** often called "holiday heart syndrome," paroxysmal AFib, paroxysmal AFib is when your heart goes into AFib and back into sinus rhythm for less than a week.
2. **Persistent AFib:** this type of AFib lasts longer than a week; it may go away on its own, but it may require treatment or medication to convert the rhythm back into a sinus rhythm.
3. **Permanent AFib:** this type of AFib is not corrected by treatments and often requires long-standing medications to control the heart rate and lower stroke risk.

If your AFib lasts longer than a year, it is considered long-standing AFib. If a heart valve issue causes your AFib, it is called valvular AFib.

### Causes of Paroxysmal AFib

The exact cause of AFib, in general, is unknown. It can be even harder to pinpoint a cause for paroxysmal AFib because the abnormal heart rhythm comes and goes.

AFib is more common in people of certain ages and certain groups of individuals, specifically with these heart conditions:

- Hypertension.
- Atherosclerosis.
- Heart valve disease.
- Congenital heart disease.
- Cardiomyopathy.

- Pericarditis.

For some reason, people with these medical conditions also seem to be predisposed to AFib as well:

- Hyperthyroidism.
- Pneumonia.
- Asthma.
- COPD.
- Lung cancer.
- Diabetes.
- Pulmonary embolism (PE).

Also, certain lifestyle habits seem to trigger AFib. These include excessive drinking, smoking, being overweight and obese and drinking excess caffeine.

**Symptoms of Paroxysmal AFib**

Symptoms of AFib include the following:

- Anxiety.
- Sweating.
- Shortness of breath.
- Dizziness.
- Weakness.
- Lack of energy.
- Chest pain and/or pressure.
- Rapid, fluttering heartbeat – the hallmark sign of AFib.

What are the characteristic symptom of paroxysmal AFib and other types of AFib? The symptoms of paroxysmal AFib comes and goes.

**Treatment of Paroxysmal AFib**

Sometimes, paroxysmal AFib is caused by a different condition, such as hyperthyroidism or hypertension. Treating the underlying condition will help to control the AFib.

Sometimes the paroxysmal AFib needs to be treated as well. The goal may be to control the heart rate and prevent blood clots. Occasionally, AFib medications are also given to keep the heart in a consistent rhythm.

Typically, heart rate control is prescribed first with a beta blocker. A calcium-channel blocker can also be used. It is also indicated if AFib is causing heart failure.

When rate control is not enough to control AFib, rhythm control is indicated. Amiodarone is typically the drug of choice, although a cardioversion can be utilized in some instances if the heart does not return to a normal rhythm fairly quickly (this is not always the case for people with paroxysmal AFib). If cardioversion is completed and is successful, dronedarone is indicated for the maintenance of sinus rhythm.

There are also ablation options available to treat AFib. Left atrial ablation is one such option, as is atrioventricular (AV) node ablation. A pacemaker can also be implanted.

**Lifestyle Changes for the Person With Paroxysmal AFib**

Here are some tips for living healthier with paroxysmal AFib.

- **Follow a heart-healthy diet.** If you Google “heart healthy diet” research seems to change quickly! Are

animal fats good or bad? Should you consume coconut oil? Ask your physician for a referral to a registered dietitian (RD) who has ample experience dealing with patients with heart conditions – they will have up-to-date knowledge and can guide you in creating a true heart-healthy diet.

- **Quit smoking.** As if you needed another reason, smoking can contribute to AFib. If you need help, see the CDC has a huge list of smoking cessation resources.
- **Lose weight.** Easier said than done, am I right? Well, that RD visit we talked about? They can also come up with a weight loss plan too!
- **Exercise regularly.** Of course, exercise at the recommendation of your physician, and to your physical abilities. Ask your doctor about a cardiac rehabilitation program.
- **Reduce stress.** Stress can wreak havoc on the body. Meditation, medication, therapy – utilize whatever healthy tools you have available to you to reduce stress.

Please note that these tips are not meant to replace any medications used to treat your heart condition! They will not cure your paroxysmal AFib – they may simply help you feel a bit better.

Continue to take any and all medications as prescribed by your physician and discuss any exercise routine with your doctor.

**Stroke Prevention**

Equally important as rate and rhythm control is stroke prevention. Your doctor or treatment team will prescribe medications to thin your blood; this will help to prevent a stroke from occurring.

How do anticoagulants work? Well, you are at an increased risk for a stroke when you have AFib because your heart is not pumping effectively. The atria are quivering, or fibrillating, and the blood pools in the atria. When the blood pools in the atria, it can cause a blood clot. If this blood clot gets pumped into circulation, it can cause a stroke.

So, anticoagulants are prescribed to keep the blood thin. If the blood is thin, that clot may not form in the first place, even if the blood pools in the atria.

Examples of blood clots include warfarin, dabigatran, apixaban, rivaroxaban and edoxaban. These medications do increase the risk of bleeding.