The Different Types of Atrial Fibrillation

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Types of AFib

As a former telemetry nurse, I encountered a lot of patients with heart arrhythmias. In fact, the bulk of my patients had been admitted for chest pain or an arrhythmia, often atrial fibrillation (AFib).

AFib can be confusing, so let's first take a look at what AFib is, then we'll look at the different types of AFib.

What is AFib?

According to the American Heart Association, at least 2.7 million Americans live with AFib. The problem with AFib? It can lead to complications, such as stroke, heart failure, and blood clots.

Under normal circumstances, the heart contracts and relaxes, creating the "lub-dup" sound we are so familiar with. For a person with AFib, the atria (the upper chambers of the heart) do not beat effectively; these ineffective beats cause the chambers to quiver rather than beat, which means blood does not move efficiently into the ventricles.

Because the atria are quivering rather than beating, blood can pool in the atria. When this happens, the pooled blood can form blood clots; if these blood clots get pumped into circulation, a stroke can happen. In fact, it is estimated that 15-20 percent of people who have a stroke also have AFib.

The American Heart Association states that having AFib "doubles the risk of heart-related deaths and is associated with a five-fold increased risk for stroke."

What are the Types of AFib?

Why can AFib be confusing to people? There are various different *types* of AFib. For example, your grandmother may have AFib, your neighbor may have AFib, and your best friend may have AFib, but they all may have a different type, meaning their treatment plan may be different as well.

Paroxysmal AFib

Paroxysmal AFib is when the heart goes in and out of rhythm for less than a week. The AFib episode may last for minutes, or it could last several days.

According to WebMD, it is nicknamed "holiday heart syndrome" because it may occur in healthy individuals due to late night celebrating or having extra drinks. It can also occur due to stress.

Often, people with paroxysmal AFib don't require treatment. Because of the arrhythmia, they may be admitted overnight to the hospital for observation. If the rhythm is ok in the morning, they are discharged.

Sometimes, though, treatment is necessary – especially if the “holiday heart syndrome” occurs *every time* you’re on a “holiday.”

If you are diagnosed with paroxysmal AFib, you may be admitted to the hospital and simply observed. During the workup, your physician will probably try rule out other causes. For example, a thyroid condition may cause AFib. Treating an overactive or under active thyroid may fix the problem. In addition, if you are found to be hypertensive, treating the elevated blood pressure could possibly correct the issue.

As stated previously, if the heart returns to a normal rhythm on its own or an underlying condition is identified, it is likely you’ll be discharged.

Depending on other comorbid conditions, your physician may also elect to begin medications that slow the heart beat and reduce blood clot risk.

For people who cannot take the aforementioned medications or who do not have success with these medications, a procedure called an ablation can be performed. An ablation is done by threading a wire (a catheter) into the heart, through a vessel in the groin or the wrist. This catheter carries energy that essentially burns the area that is causing the heart to go into AFib. WebMD estimates that ablations are effective 75 to 80 percent of the time.

Persistent AFib

This type of AFib lasts longer than one week. If you are diagnosed with persistent AFib, your heart could return to its normal rhythm (also known as a “sinus rhythm”) but it is likely that medical or surgical intervention is required.

Medications can be prescribed to slow the heart beat down; these are the same types of medications that would be used for paroxysmal AFib.

If the medications do not work to slow the heart down and return to a sinus rhythm, a procedure called a cardioversion may be indicated. A cardioversion uses low-voltage electricity to shock the heart back into a sinus rhythm. Unless this is done for an emergency situation, you will typically be sedated and this will be performed in the hospital, although you can typically be discharged after the procedure.

Long-standing persistent AFib and permanent (chronic) AFib

These types of AFib have lasted longer than one year. If you have long-standing persistent AFib or chronic AFib, your AFib is likely to be permanent or may require a major surgery to correct the “pacemakers” of the heart.

For these types of AFib, medications, ablations, and cardioversions may not work to return the heart to a sinus rhythm. A major surgery may need to be performed in order to correct the rhythm, or your doctor will discuss the pros and cons of long-term medical management, such as reducing the heart rate and stroke prevention.