Conditions Associated with AFib

by YVONNE BANKS

How a Heart Condition Can Affect Other Areas of the Body

There are many diagnoses that have other health problems related to them. Atrial fibrillation (AFib) is no different. What AFib does to your heart influences how the other areas of your body respond. More often than not, organs and tissues react negatively.

The most common condition that occurs with AFib is stroke. In someone with AFib, the atria, or the upper chambers of the heart, contract irregularly. This quiver is not effective to move blood into the heart's lower chambers, the ventricles.

Because of the blood pooling in the atria, the blood becomes susceptible to clotting. This will increase the likelihood of strokes in people with AFib if a clot breaks away into the blood vessels and gets carried up to the brain. Clots can form anywhere: the heart, legs, veins, and other areas of the body.

Common conditions noted to be comorbid with AFib include:

- **Low blood pressure:** AFib can cause low blood pressure in some patients since blood may be pumped inefficiently.
- **Congestive heart failure (CHF):** CHF and AFib commonly co-exist. They have similar risk factors and having both equates to increased morbidity.
- **Sleep apnea:** This condition can lead to AFib because of physiological changes that occur to the heart caused by sleep apnea.
- **Mitral valve prolapse:** The valve doesn't seal properly, and a backflow of blood occurs. This results in shortness of breath and heart arrhythmias (AFib).
- **Pulmonary edema:** The pressure on the left atrium from pulmonary edema causes the blood to go into the right atrium at a slower rate.
- **Hyperthyroidism:** Thyroid hormones influence the electrical response of the heart. In the case of hyperthyroidism, it adversely affects the atria.
- **Rapid Ventricular Response:** With atrial fibrillation RVR the excessive fibrillation causes the lower chambers of the heart to contract too fast, making the heart beats chaotic and too fast.

Others include:

- High blood pressure
- Heart attack
- Pericarditis
- Sinus tachycardia
- Transient ischemic attack (mini-stroke)
- COPD
- Wolff-Parkinson-White syndrome (abnormal electrical pathways in heart)
- Rheumatic fever

- Paroxysmal supraventricular tachycardia (PSVT) (abnormal conduction of electricity in particular areas of the heart)

Interventions

In some cases, if one of the conditions is treated, the other may go away. Most of the time, both AFib and the related disease will need medical intervention. For the treatment of AFib, it will depend on whether it was caused by a disease process or if it occurred because of certain risk factors. Interventions include:

- Slowing the heart rate and/or bringing heart to a normal rhythm.
- Preventing strokes by putting patient on warfarin, an anticoagulant.
- Direct treatment to control underlying cause of AFib.
- Electrical cardioversion. This procedure gives your heart low-energy shocks in the hopes that your heart will start to beat normally. You are not awake for cardioversion, and it is done as an outpatient procedure. It is effective in over 95% of AFib patients; however, most of them will have an AFib recurrence within the following two years after treatment.
- AV node ablation and Pacemaker: AV node ablation will cauterize the AV node to stop the rapid, irregular heart rhythm. A pacemaker will then be inserted to regulate your heart rate mechanically.
- Pulmonary vein isolation: It is a catheter ablation method that creates scar tissue in the pulmonary veins to prevent extra electrical signals from reaching the left atrium.
- Maze procedure: Incisions are made in the both atria to produce scar tissue in these areas. The scar tissue prevents the irregular electrical pulses from happening.