

# Afib Educational Messages for patients on DOAC's

MyChart Messaging Content from the Study "Keep it SIMPLE"

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## Blood Thinner Side Effects (DOACs)

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Please click the link below to hear from PPG Cardiology doctors and a PRMC pharmacist regarding oral anticoagulant (blood thinner) side effects:

[www.parkview.com/BloodThinnerSideEffectsDOAC](http://www.parkview.com/BloodThinnerSideEffectsDOAC)

Your anticoagulant medication (or “blood thinner”) belongs to a group of medications called DOACs (Direct Oral Anticoagulants). This group consists of the following four medications:

- Xarelto (rivaroxaban)
- Eliquis (apixaban)
- Savaysa (edoxaban)
- Pradaxa (dabigatran).

The most common side effect of these medications is bleeding or bruising. If you are injured, apply pressure to stop the bleeding. Realize that it will take longer than you are used to for the bleeding to stop. If you can't get the bleeding to stop, call your doctor.

When should you call your doctor?

Call 911 anytime you think you may need emergency care. For example, call 911 if:

- You fall and hit your head or experience a significant blow to the head
- You have a sudden, severe headache that is different from past headaches.

Call your doctor now or seek medical care right away if you have any abnormal bleeding such as:

- Nosebleeds
- Vaginal bleeding that is different (heavier, more frequent, at a different time of the month) than what you are used to
- Bloody or black stools, or rectal bleeding
- Bloody or pink urine.

Educational content for this message was taken in part from:

- American College of Cardiology/[www.CardioSmart.org](http://www.CardioSmart.org)
- Healthwise/[www.healthwise.org](http://www.healthwise.org)

The information in this message may not apply to you right now if you have stopped taking your blood thinner medication for any reason. We realize there are many reasons why you may not be taking your anticoagulant right now (for example, if you are about to have surgery). Remember to always follow your doctor's instructions regarding taking your medication.

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### **Blood Thinner Side Effects and Safety (DOACs)**

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Please click the link below to hear from PPG Cardiology doctors and a PRMC pharmacist regarding oral anticoagulant (blood thinner) side effects:

[www.parkview.com/BloodThinnerSideEffectsDOAC](http://www.parkview.com/BloodThinnerSideEffectsDOAC)

Taking blood thinners can lower your risk of stroke. The most common side effect of blood thinners is bleeding and bruising. It is important to keep safety in mind when taking blood thinners. Follow these steps to help prevent problems while taking blood thinners:

#### **Take your medicine correctly**

- Take your medicines exactly as prescribed. Do not stop taking your medicine unless your doctor tells you to.
- Call your doctor if you think you are having a problem with your medicine.
- Take your medicine at the same time each day. Use a planner to keep track of your medicines.

#### **Prevent injuries**

- Enjoy activities that have a lower risk of injury, like swimming and walking. Try to avoid activities or sports that put you at risk of injury. If you take part in a higher risk activity or sport, be as safe as possible and wear protective equipment like a helmet.
- To make your home safe, take measures to reduce your risk of falling. These can include simple changes like removing rugs that you might trip on. Or it can be permanent changes like installing a handrail in the shower.
- Use items that lower the risk of a bleeding injury. Examples include an electric razor, a soft toothbrush and waxed floss, and nonslip mats in the tub and shower. Wear protective clothing such as gloves and shoes. Always wear a seat belt when you are in a car.

#### Other safety measures

- Consider wearing a medical alert ID bracelet
- Limit alcohol. It may interfere with blood thinner medicine. It also raises your risk of falls, which can cause bruising and bleeding.

#### What if you miss a dose?

Call your doctor if you are not sure what to do if you missed a dose of blood thinner. Your doctor can tell you exactly what to do so you don't take too much or too little of it. Then you will be as safe as possible. But here are some general rules for what to do if you miss a dose.

- If you remember it in the same day, take the missed dose. Then go back to your regular schedule.
- If it is the next day, or almost time to take the next dose, do not take the missed dose. Do not double the dose to make up for the missed one. At your next regularly scheduled time, take your normal blood thinner dose.

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The information in this message may not apply to you right now if you have stopped taking your blood thinner medication for any reason. We realize there are many reasons why you may not be taking your anticoagulant right now (for example, if you are about to have surgery). Remember to always follow your doctor's instructions regarding taking your medication.

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#### **Stroke and Bleeding Risk (Message 1)**

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding using oral anticoagulants (blood thinners) to prevent stroke and TIA:

[www.parkview.com/StrokeAndBleedingRisk](http://www.parkview.com/StrokeAndBleedingRisk)

Because you have atrial fibrillation, you have a higher risk of a stroke caused by a blood clot. Taking blood thinners can lower your risk of stroke. A stroke occurs when an artery that supplies blood to the

brain bursts or is blocked by a blood clot. Within minutes, the nerve cells in that area of the brain are damaged. They may die within a few hours. After a stroke, the part of the body controlled by the damaged section of the brain does not work right.

Your doctor may use a scoring tool called the CHADS-VASC score to determine if you should be on a blood thinner or not with atrial fibrillation and also assess your personal risk of stroke. The categories of the CHADS-VASC scoring tool are listed below. To calculate your score just add up the points for each item that is present. If you score 1 point your doctor may recommend a blood thinner. If you score 2 points or higher, then your doctor will recommend that you take blood thinner medication to reduce your stroke risk. The more points on the CHADS-VASC score, the higher the annual stroke risk in general.

Have you and your doctor discussed your CHADS-VASC score?

#### CHADS-VASC Scale

- C = Congestive Heart Failure (1 point)
- H = Hypertension/High Blood Pressure (1 point)
- A = Age greater than 75 years (2 points)
- D = Diabetes (1 point)
- S = Prior Stroke or TIA/Mini Stroke (2 points)
- V = Vascular Disease like previous heart attack or peripheral arterial disease (1 point)
- A = Age 65-74 (1 point)
- Sc = Sex Category of Female (1 point)

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#### **Stroke and Bleeding Risk (Message 2)**

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding using oral anticoagulants (blood thinners) to prevent stroke and TIA:

[www.parkview.com/StrokeAndBleedingRisk](http://www.parkview.com/StrokeAndBleedingRisk)

Because you have atrial fibrillation, you have a higher risk of a stroke caused by a blood clot. Taking blood thinners can lower your risk of stroke.

It's important to follow your doctors' instructions regarding taking your blood thinners. Here are some safety guidelines:

- Take your medicine correctly.
- Take your medicines exactly as prescribed. Do not stop taking your medicine unless your doctor tells you to.
- Call your doctor if you think you are having a problem with your medicine.
- Take your medicine at the same time each day.
- Don't take aspirin and other pain relievers, such as ibuprofen, unless your doctor tells you to take them and tells you when and how to take them.
- Tell your doctors, dentist, pharmacist, and all other health professionals that you take a blood thinner.
- Prevent injuries. Enjoy activities that have a lower risk of injury, like swimming and walking. Try to avoid activities or sports that put you at risk of injury. If you take part in a higher risk activity or sport, be as safe as possible and wear protective equipment like a helmet.
- To make your home safe, take measures to reduce your risk of falling. These can include simple changes like removing rugs that you might trip on. Or it can be permanent changes like installing a handrail in the shower.
- Use items that lower the risk of a bleeding injury. Examples include an electric razor, a soft toothbrush and waxed floss, and nonslip mats in the tub and shower. Wear protective clothing such as gloves and shoes. Always wear a seat belt when you are in a car.

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### **Blood thinner options**

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Please click the link below to hear from PPG Cardiology doctors, a PRMC pharmacist and PPG patients regarding the different types of oral anticoagulants (blood thinners) available:

[www.parkview.com/BloodThinnerOptions](http://www.parkview.com/BloodThinnerOptions)

Anticoagulant medications (or “blood thinners”) fall either into a group of newer medications called DOACs (Direct Oral Anticoagulants) or a group of medications called VKAs (Vitamin K Antagonists).

The DOACs (Direct Oral Anticoagulants) include the following four medications:

- Xarelto (rivaroxaban)
- Eliquis (apixaban)
- Savaysa (edoxaban)
- Pradaxa (dabigatran).

The VKAs (Vitamin K Antagonists) include:

- Coumadin (warfarin)

Each of these medications has special instructions that must be followed in order to increase effectiveness of the medication and decrease side effects:

- Coumadin (warfarin) must be monitored regularly with a blood test called an INR and doses may need to be adjusted to maintain a therapeutic level of the medication.
- Xarelto (rivaroxaban) should be taken with the largest meal of the day (usually dinner in the evening) to maximize its absorption in the body
- Eliquis (apixaban) and Pradaxa (dabigatran) should be taken 12 hours apart to maximize effectiveness and stabilize blood levels
- Savaysa (edoxaban) – kidney function blood tests should be performed prior to starting this medication to ensure correct dosing.
- Pradaxa (dabigatran) should be kept in its original storage container and not placed into a pill box.

The newer group of medications can sometimes be more expensive, depending on your own personal insurance coverage. There are several resources online that may help you with finding the lowest price for your medications or provide you with a copay card to decrease your portion of the medication copay at the pharmacy. You may even be able to find better prices for your other prescription medications.

Check out these resources:

- You can use [www.GoodRx.com](http://www.GoodRx.com) and [www.lowestmed.com](http://www.lowestmed.com) (both have a website and an app version) to look for the lowest price at pharmacies based on your zip code.
- You can look up retailer websites (example: [www.walmart.com](http://www.walmart.com), or [www.target.com](http://www.target.com)) to look at their discount list. Walmart has a \$4 generic prescription list.

- You can also look at drug manufacturer websites (example: [www.xarelto.com](http://www.xarelto.com), or [www.eliquis.com](http://www.eliquis.com)) to find co-pay cards. You can generally find these sites by typing the “medication brand name” followed by “.com”

Prescription Assistance Programs (PAPs) and other discount programs are offered by pharmaceutical companies to provide free or low cost prescription drugs to those who qualify. PAPs may require approval from your doctor, details about your current financial situation and health insurance coverage, or other information to help determine if you qualify. To find out more or to search for available PAPs for your medications, visit any of the following sites or go to the manufacturer’s web site.

Partnership for Prescription Assistance  
1-888-4PPA-NOW (477-2669)  
[www.pparx.org](http://www.pparx.org)

RxAssist  
Patient Assistance Program Center  
[www.rxassist.org](http://www.rxassist.org)

RxHope  
Hope for Everyone  
1-877-267-0517  
[www.rxhope.com](http://www.rxhope.com)

Patient Assistance.com  
Helping Patients Get Medication  
[www.patientassistance.com](http://www.patientassistance.com)

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## Ideas for stress management

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Click the link below to read information from CardioSmart about how stress effects your health and strategies on how to cope with stress:

<https://www.cardiosmart.org/~media/Documents/Fact%20Sheets/en/zu1940.ashx>

Stress can have a serious effect on your health, especially if it lasts for a long time.

Stress hurts your heart and blood vessels. It can lead to high blood pressure, abnormal heartbeat (arrhythmia), problems with blood clotting, and hardening of the arteries (atherosclerosis). It is also linked to coronary artery disease, heart attack, and heart failure.

Stress hurts your body's defenses, or immune system. You may be more likely to catch colds, and injuries may take longer to heal. The symptoms of long-term problems may get worse because of stress.

Stress can cause you to tighten your muscles, leading to low back or neck pain.

Stress can make you moody and anxious and make it hard for you to concentrate.

Over time, stress can lead to depression, relationship problems, and trouble doing a good job at work or school.

Stress-related wear and tear can come from two sources: the stress itself and the unhealthy habits you use to respond to stress. Some people respond to stress by smoking, drinking alcohol, or eating poorly. It may feel like these choices help, but really they create even more stress. These and other lifestyle choices can make it hard for your body to cope with stress. For example, as you sleep, your body recovers from the stresses of the day. If you do not get enough sleep or your sleep gets interrupted, you lose a chance to recover from stress.

Please visit the link at the beginning of this message to discover ways to help manage your stress.

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### **Causes and Risk Factors for A-Fib (Message 1)**

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Please click on the link below to see what some of the PPG Cardiology physicians have to say regarding causes and risk factors of A-Fib:

[www.parkview.com/CausesAndRiskFactors](http://www.parkview.com/CausesAndRiskFactors)

Atrial fibrillation is common, especially in older adults. It is often caused by another heart problem. It may happen after heart surgery.

Atrial fibrillation may also be caused by other problems, such as an overactive thyroid gland or lung disease. Hypertension, or high blood pressure, can also contribute to A-Fib.

Being obese or having a family history of atrial fibrillation may increase your risk.

Drinking too much alcohol can also lead to atrial fibrillation in people at any age. Binge drinking can cause short-term bouts of the problem. Heavy drinking over many years can cause long-term atrial fibrillation. Heavy drinking is defined as more than 2 drinks a day for men and more than 1 drink a day for women.

Atrial fibrillation has been linked to sleep apnea, a condition in which breathing stops for brief periods during sleep. If you have atrial fibrillation, ask your doctor if you should be checked for sleep apnea, especially if you are overweight. Treating this may reduce your risk of atrial fibrillation.

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## Causes and Risk Factors for A-Fib (Message 2)

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Please click on the link below to see what some of the PPG Cardiology physicians have to say regarding causes and risk factors of A-Fib:

[www.parkview.com/CausesAndRiskFactors](http://www.parkview.com/CausesAndRiskFactors)

Atrial fibrillation has several causes and risk factors such as:

- Hypertension (high blood pressure)
- Overactive thyroid gland
- Lung disease
- Obesity
- Family history of atrial fibrillation
- Drinking too much alcohol
- Sleep apnea
- Diabetes

Things you can do to help prevent and manage A-Fib:

- Keep your blood pressure under control
- Keep your weight at a healthy level
- Avoid over-consumption of alcohol
- If you have sleep apnea be sure to wear your CPAP or BIPAP when you sleep
- If you have diabetes be sure to monitor and manage your blood sugar levels closely

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## Stroke and TIA information

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding stroke and TIA:

[www.parkview.com/StrokeAndTIA](http://www.parkview.com/StrokeAndTIA)

Atrial Fibrillation increases your risk of stroke and TIA (transient ischemic attack). A stroke occurs when an artery that supplies blood to the brain bursts or is blocked by a blood clot. Within minutes, the nerve cells in that area of the brain are damaged. They may die within a few hours.

TIA's are often called mini-strokes because their symptoms are the same as a stroke. But unlike stroke symptoms, TIA symptoms usually disappear within 10 to 20 minutes, although they may last longer. If you have any stroke symptoms, get immediate emergency care. It is not possible to tell whether you will have a TIA or a full-blown stroke.

It is important to know and understand the symptoms of stroke and TIA so that you can act fast should they occur. Symptoms of a stroke or TIA may include:

- Sudden numbness, tingling, weakness, or loss of movement in your face, arm, or leg, especially on only one side of your body.
- Sudden vision changes.
- Sudden trouble speaking.
- Sudden confusion or trouble understanding simple statements.
- Sudden problems with walking or balance.
- A sudden, severe headache that is different from past headaches.

If you have symptoms of a stroke or TIA, you need emergency care, just as if you were having a heart attack. If medical treatment begins soon after you notice symptoms, fewer brain cells may be permanently damaged. This may cause fewer mental and physical problems.

Call 911 immediately should you experience any of the symptoms of a stroke or TIA.

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## Exercise and A-Fib (Message 1)

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding exercise with A-Fib:

[www.parkview.com/ExerciseAndAfib](http://www.parkview.com/ExerciseAndAfib)

Exercise is good for everyone. But if you have a chronic disease, the benefits of exercise will be even greater for you than for most people. Whether your goal is to live a more active life, to be more independent, to take fewer medicines, or just to feel better, exercise should be a regular part of your life. A safe level of exercise will depend on your health and the stage of your disease. But even a small amount of exercise is better than none. People with chronic diseases often find that exercise reduces their symptoms. It may also help them avoid depression, which is common in those with long-term diseases.

Before you start any exercise program, see your doctor for a complete physical exam. He or she may want to run some tests. These can help your doctor know how often and how long you should exercise. You may need to check your heart rate when you exercise. Your doctor can tell you how fast your heart rate should be during exercise. There is an easy way to know if your heart rate is at the right level during exercise:

- If you cannot talk and exercise at the same time, you are working too hard.
- If you can talk while you exercise, you are doing fine.
- If you can sing while you exercise, you may not be working hard enough.

The three basic types of exercise are:

- Stretching. Stretching is good for everyone. It can help you be more flexible and prevent injuries.
- Strength training. Lifting weights can help tone your muscles. Your doctor can advise you about which types of strength training you can do and which types you should avoid.
- Activities that raise your heart rate. These are called aerobic exercise. Most people can do some form of aerobic exercise.

Make sure to exercise safely by following these guidelines:

- Do not exercise outdoors when it is very cold, very hot or very humid. Then the weather is bad, exercise indoors or walk at a mall.
- Learn about the risks of any new exercise you start. Use proper form. Take lessons if you need to.
- Avoid holding your breath when doing exercises such as push-ups and sit-ups. Also avoid heavy lifting.
- Do not take hot or cold showers or use sauna baths right after you exercise. Very hot or very cold temperatures can be dangerous.

- Do not exercise during times when your disease is not under control unless your doctor has told you it is OK.
- Adjust your exercise program if it is interrupted for more than a couple of days. Gradually increase to your regular activity level.
- Talk to your doctor or a certified fitness professional about your progress. He or she may be able to help if you have problems.

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### **Exercise and A-Fib (Message 2)**

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding exercise with A-Fib:

[www.parkview.com/ExerciseAndAfib](http://www.parkview.com/ExerciseAndAfib)

Obesity and being overweight increases the risk for developing AFib and can worsen outcomes for patients already affected by this condition. In fact, one study found that being overweight or obese is to blame for 17% of AFib cases in the United States.

The good news, however, is that physical activity and a healthy diet can improve outcomes. When patients are overweight or obese, exercise can help reduce risk for complications. Exercise and a healthy diet also help promote a healthy weight and reduce risk for AFib. Among patients with atrial fibrillation, staying active and eating healthy improves both outcomes and quality of life.

Before you start any exercise program, see your doctor for a complete physical exam. He or she may want to run some tests. These can help your doctor know how often and how long you should exercise. You may need to check your heart rate when you exercise. Your doctor can tell you how fast your heart rate should be during exercise. There is an easy way to know if your heart rate is at the right level during exercise:

- If you cannot talk and exercise at the same time, you are working too hard.
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### **Limitations Imposed by Health**

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding limitations and activity with A-Fib:

[www.parkview.com/LimitationsImposedByHealth](http://www.parkview.com/LimitationsImposedByHealth)

Exercise is good for everyone. But if you have a chronic disease, the benefits of exercise will be even greater for you than for most people. Whether your goal is to live a more active life, to be more independent, to take fewer medicines, or just to feel better, exercise should be a regular part of your life. A safe level of exercise will depend on your health and the stage of your disease. But even a small amount of exercise is better than none.

People with chronic diseases often find that exercise reduces their symptoms. It may also help them avoid depression, which is common in those with long-term diseases.

Before you start any exercise program, see your doctor for a complete physical exam. He or she may want to run some tests. These can help your doctor know how often and how long you should exercise. You may need to check your heart rate when you exercise. Your doctor can tell you how fast your heart rate should be during exercise. There is an easy way to know if your heart rate is at the right level during exercise:

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## A-Fib Medications (Message 1)

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding using medications to manage A-Fib:

[www.parkview.com/AfibMedications](http://www.parkview.com/AfibMedications)

There are three components to the management of A-Fib with medications. They are:

- Heart Rate Control medications
- Heart Rhythm Control medications
- Anticoagulation or Blood Thinner medications

Heart Rate Control Medications:

- In some people with A-Fib the heart will race, or beat too fast. In these instances, medications to control the heart rate will be used. These are medications such as “beta-blockers” or “calcium channel blockers” which work to slow the heart rate.
- Rate-control medicines such as beta-blockers usually do not return your heart to a normal rhythm—in other words, your heartbeat will still be irregular. But these medicines can keep your heart from beating at a dangerously fast rate. This may also relieve symptoms caused by a fast heart rate.
- Examples of beta-blockers include: Coreg (carvedilol), Toprol XL (metoprolol succinate), Tenormin (atenolol)
- Examples of calcium channel blockers include: Cardizem (diltiazem), Calan (verapamil)

Heart Rhythm Control medications

- Medications to help the heart rhythm convert and stay in a normal rhythm are called “antiarrhythmic medications.”
- They can be used to help keep the heart in normal rhythm and also help slow the heart rate.
- They may be used in conjunction with procedures to achieve normal rhythm such as cardioversion or ablation.
- Antiarrhythmics are used carefully, because they can have serious side effects.
- Examples of antiarrhythmics include: Pacerone (amiodarone), Tikosyn (dofetilide), Betapace (sotalol)

Anticoagulation or Blood Thinner medications

- These medications are used to prevent blood clots and lower the risk of stroke in people who have A-Fib.
- Examples of anticoagulant medications include: Coumadin (warfarin), Savaysa (edoxaban), Xarelto (rivaroxaban), Eliquis (apixaban), and Pradaxa (dabigatran)



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## **A-Fib Medications (Message 2)**

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding using medications to manage A-Fib:

[www.parkview.com/AfibMedications](http://www.parkview.com/AfibMedications)

The use of medications has led to dramatic advances in the treatment and prevention of many cardiovascular diseases. It's thanks to many of these medications—combined with heart-healthy lifestyle changes—that many people are living longer and feeling better.

But medications only work if you take them as directed. If you skip doses, elect not to take a prescribed medicine or take too much, it can be dangerous.

In fact, medication non-adherence—not taking medication as prescribed—is a leading reason for hospitalizations, more frequent doctor visits and medical costs. It can also interrupt timely care.

Think about it this way: managing your medications is just as important to protect your heart health as getting enough exercise and eating a heart-healthy diet.

Remember medications work best when they are taken in the right dose, at the right time and in the right way. The benefits of doing so are:

- Better treatment of symptoms and other outcomes
- Fewer side effects or drug interactions
- A lower likelihood of unnecessary treatments and hospitalizations

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## Cardioversion

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding cardioversion:

[www.parkview.com/Cardioversion](http://www.parkview.com/Cardioversion)

Electrical cardioversion is a procedure in which an electric current is used to reset the heart back to its normal rhythm. The low-voltage electric current enters the body through metal paddles or patches applied to the chest wall. The procedure is completed in the hospital by a cardiologist. Before cardioversion, you will be given medicine to control pain and cause relaxation.

The success of electrical cardioversion depends on how long you have had atrial fibrillation and what is causing it. Cardioversion is less successful if you have had atrial fibrillation for longer than 1 year.

After this treatment, about 9 out of 10 people get back a normal heart rhythm right away. But for many people, atrial fibrillation returns. Normal rhythm may last less than a day or for weeks or months. It depends on your other health problems.

If your atrial fibrillation returns, you may be able to have cardioversion again. If atrial fibrillation comes back quickly (within a week or so), having cardioversion a third time, or more, is less likely to help you. Your doctor might recommend a different treatment, such as medicine, to get your heart rhythm back to normal.

Cardioversion may be less successful or may not be recommended if you:

- Have had atrial fibrillation for more than a year.
- Have significant heart valve problems.

- Have an enlarged heart as a result of heart failure or cardiomyopathy.
- Have multiple recurrences of atrial fibrillation.

Cardioversion is more likely to be successful if:

- Atrial fibrillation has been present for less than a year.
- This is your first episode of atrial fibrillation.
- You are young.
- Antiarrhythmic medicines are used along with cardioversion.

If you have any further questions about this procedure after reviewing this material, please feel free to reach out to your doctor's office.

Educational content for this message was taken in part from:

- American College of Cardiology/[www.CardioSmart.org](http://www.CardioSmart.org)
- Healthwise/[www.healthwise.org](http://www.healthwise.org)

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## **Ablation**

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding ablation for A-Fib:

[www.parkview.com/Ablation](http://www.parkview.com/Ablation)

Catheter ablation is a minimally invasive procedure to treat atrial fibrillation. It can relieve symptoms and improve quality of life.

During an ablation, the doctor destroys tiny areas in the heart that are firing off abnormal electrical impulses and causing atrial fibrillation.

Before an ablation, you will be given medicine to help you relax. A local anesthetic will numb the site where the catheter is inserted. Sometimes, general anesthesia is used. The procedure is done in a hospital where you can be watched carefully.

Thin, flexible wires called catheters are inserted into a vein, typically in the groin or neck, and threaded up into the heart. There is an electrode at the tip of the wires. The electrode sends out radio waves that create heat. This heat destroys the heart tissue that causes the atrial fibrillation. Another option is to use freezing cold to destroy the heart tissue.

Sometimes, abnormal impulses come from inside a pulmonary vein and cause atrial fibrillation. (The pulmonary veins bring blood back from the lungs to the heart.) Catheter ablation in a pulmonary vein can block these impulses and keep atrial fibrillation from happening.

AV node ablation is a slightly different type of ablation procedure for atrial fibrillation. AV node ablation can control symptoms of atrial fibrillation in some people. It might be right for you if medicine has not worked, catheter ablation did not stop your atrial fibrillation, or you cannot have catheter ablation. With AV node ablation, the entire atrioventricular (AV) node is destroyed. After the AV node is destroyed, it can no longer send impulses to the lower chambers of the heart (ventricles). This controls atrial fibrillation symptoms.

After AV node ablation, a permanent pacemaker is needed to regulate your heart rhythm. AV node ablation can control your heart rate and reduce your symptoms, but it does not prevent or cure atrial fibrillation.

If you have any further questions about this procedure after reviewing this material, please feel free to reach out to your doctor's office.

Educational content for this message was taken in part from:

- American College of Cardiology/[www.CardioSmart.org](http://www.CardioSmart.org)
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**Left Atrial Appendage Closure (Watchman procedure)**

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding Left Atrial Appendage Closure (Watchman procedure):

[www.parkview.com/LAAclosure](http://www.parkview.com/LAAclosure)

The left atrial appendage is a small sac in the wall of the upper left chamber of the heart (left atrium). In normal hearts, the heart fully contracts with each heartbeat and the blood is squeezed out of the left atrium and the left atrial appendage. However, with A-Fib the left atrium doesn't contract as effectively and blood can collect in the left atrial appendage and form clots. These blood clots can be pumped out of the heart and go to the brain causing a stroke.

During the left atrial appendage closure procedure, a basket-like device or other catheter closure system is used to seal off the left atrial appendage. The goal is to prevent blood clots from developing there and lower the chances of a stroke.

This procedure is used primarily for patients who have A-Fib and are not able to take blood thinner medications.

If you have any further questions about this procedure after reviewing this material, please feel free to reach out to your doctor's office.

Educational content for this message was taken in part from:

- American College of Cardiology/[www.CardioSmart.org](http://www.CardioSmart.org)
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### **Interactions and Special Instructions with Blood Thinners (DOACs)**

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Please click on the link below to see what some of the PPG Cardiology physicians and a PRMC pharmacist have to say regarding side effects of blood thinner medications:

[www.parkview.com/SpecialInstructionsDOAC](http://www.parkview.com/SpecialInstructionsDOAC)

Your anticoagulant medication (or "blood thinner") belongs to a group of medications called DOACs (Direct Oral Anticoagulants). This group consists of the following four medications:

- Xarelto (rivaroxaban)
- Eliquis (apixaban)
- Savaysa (edoxaban)
- Pradaxa (dabigatran).

These medications do have certain advantages over Coumadin (warfarin). They don't require routine blood testing or have as many medication and food interactions as Coumadin (warfarin) does.

However, there are some special instructions to be sure to follow when taking these medications.

Xarelto (rivaroxaban) --- you should take this medication at the same time every day and it should be taken with the largest meal of the day so that it absorbs better.

Eliquis (apixaban) --- this is a twice a day medication and the doses should be taken as close to 12 hours apart as possible to ensure a consistent blood level.

Savaysa (edoxaban) --- this medication requires a blood test to check your kidney function before it is prescribed.

Pradaxa (dabigatran) --- this medication should be kept in its original container. This is also a twice a day medication and the doses should be taken as close to 12 hours apart as possible.

Educational content for this message was taken in part from:

- American College of Cardiology/[www.CardioSmart.org](http://www.CardioSmart.org)
- Healthwise/[www.healthwise.org](http://www.healthwise.org)

The information in this message may not apply to you right now if you have stopped taking your blood thinner medication for any reason. We realize there are many reasons why you may not be taking your anticoagulant right now (for example, if you are about to have surgery). Remember to always follow your doctor's instructions regarding taking your medication.

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## **Weight Recommendations**

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If you want to get to a healthy weight and stay there, healthy lifestyle changes will work better than dieting. These three steps can help:

- Improve your eating habits. It's best to do this slowly. You will be more successful if you work on changing one eating habit at a time.
- Get active. Regular activity can help you feel better, have more energy, and burn more calories.
- Change your thinking. Your thoughts have a lot to do with how you feel and what you do. You'll have more success at making lifestyle changes if you first change the way you think.

Listen to your body. Young children are good at listening to their bodies. They eat when they're hungry and stop when they're full. But adults may ignore these signals. You may keep eating after you're full, or you may eat because you're bored or upset.

You do not have to make big changes at once. Think about some of the things – parties, eating out, temptations – that might get in the way of your success. Then, think about the changes you can make right away.

If you need help managing your weight, ask your doctor about talking to a registered dietitian. He or she can help you change eating habits.

Weight is only one part of your health. Even if you carry some extra weight, healthy eating and being more active can help you feel better, have more energy, and lower your risk for health problems.

PPG Cardiology has their own registered dietitian, Sara Bennett, and you can make an appointment with her by calling the PPG Cardiology scheduling department directly at 260-266-5680 and requesting an appointment with the dietitian. Many insurance carriers have benefits that completely cover the cost of this appointment and scheduling will be able to help you with this.

Educational content for this message was taken in part from:

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**Fats in food**

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Some fats found in the food we eat are heart-healthy and can help lower your risk of heart disease if you eat them in place of unhealthy fats. Eating fish instead of meat or using olive oil in the place of butter are examples.

INCLUDE these fats in an overall healthy eating plan:

- OMEGA-3 FATTY ACIDS: found in oily fish such as tuna, salmon, mackerel, trout, herring and sardines. Other good sources are ground flaxseed and flaxseed oil, soybeans, walnuts and seeds. Omega-3 fatty acids can help lower triglycerides, a type of fat that clogs arteries.
- MONOUNSATURATED FATS: found in canola, olive and peanut oils. Other good sources are olives, avocados, nuts and nut butters. These fats can help lower “bad” (LDL) cholesterol and raise “good” (HDL) cholesterol.
- POLYUNSATURATED FATS: found in vegetable oils such as safflower, sunflower, sesame, soybean and corn oils. These fats can help lower LDL cholesterol.

Some fats found in food are unhealthy and if you eat too much of them it can raise your risk of high cholesterol and heart disease.

Try to LIMIT how much of these fats you eat:

- SATURATED FATS: found mostly in animal foods, such as meat and dairy. Tropical oils, such as coconut oil, palm oil and cocoa butter are also saturated fats.
- TRANS FATS: includes partially hydrogenated vegetable oils and hydrogenated vegetable oils. Trans fats are in many processed foods, such as cookies, crackers and snack foods.
- CHOLESTEROL: found only in animal foods such as eggs, whole-milk dairy foods and meats.

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## Tips on healthy eating

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General tips for healthy eating:

- Fill up on fruits, vegetables and whole grains.
- Think of meat as a side dish instead of as the main part of your meal.
- Try main dishes that use whole wheat pasta, brown rice, dried beans or vegetables.
- To get more omega-3 fatty acids, have fish twice a week. Add ground flaxseed to cereals, soups and smoothies. Sprinkle walnuts on salads.
- Bake, steam or grill foods. Use cooking spray instead of oil. If you use oil, use canola or olive oil.

Shop right to eat well. If you want to eat healthy foods, you've got to be able to prepare healthy foods. This may seem simple, but if you're not used to shopping for healthy foods, it may mean some changes in your routine.

When grocery shopping, keep these tips in mind:

- Try to choose foods lower in fat, calories and sodium. For example, if you need to buy cheese, buy low-fat or fat-free cheese. If you buy meat, "loin" and "round" cuts have less fat.
- Limit drinks with added sugar such as soda and sweetened iced tea. Instead try to drink more water or buy sugar-free drinks or drinks with little or no added sugar.

It's also a good idea to have some healthy convenience foods and snacks on your shopping list. These are great to have on hand if you are busy or don't like to cook. Here are some examples:

- Buy bagged, precut vegetables or salad greens that you can either steam to have with dinner or eat raw as a snack.
- Use healthy frozen entrees on days when you don't have time to prepare a meal. Be sure they are lower in fat, calories and sodium. Add a salad or fruit and a glass of milk to round out your meal.
- Try trail mix with nuts and dried fruit. In small portions, this makes a healthy, satisfying snack.
- Buy easy to eat fruits such as apples, grapes and oranges. All you have to do is wash them.
- Buy small containers of yogurt or applesauce.
- Combine low-fat string cheese with whole-grain crackers or fruit.

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### **Healthy Breakfast, Lunch and Dinner Ideas**

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A healthy breakfast, such as one with fruit, whole grains, nuts and low-fat milk, can give you energy and help you avoid eating too much later when you get hungry. Keep healthy ingredients on hand and some ready-made portions in the refrigerator, and you can have a healthy morning meal even when you're pressed for time.

Some quick breakfast ideas:

- Make a large batch of oatmeal ahead of time to keep in the refrigerator. Heat a serving of the oatmeal in the microwave and add low-fat milk, cinnamon and banana slices.
- Make a fruit salad with sliced oranges, raisins, grapes and berries and keep it in the refrigerator. Add a handful of nuts before eating.
- Mix fresh or frozen berries or dried fruit with low-fat yogurt. Top with sliced almonds and high-fiber cereal.
- Spread low-fat cream cheese on a whole-grain bagel. Sprinkle sunflower seeds and raisins on top for extra flavor.
- Combine honey and peanut butter or almond butter and keep a jar of it in the refrigerator. Spread the nut butter mixture on whole-grain toast.
- Mix fresh or frozen fruit, fruit juice and yogurt in a blender to make a smoothie.

A healthy lunch includes a variety of whole grains, fruits, vegetables and low-fat milk products. Choose lean protein like grilled fish or chicken, beans or tofu, and healthy fats, like olive or canola oil. Making lunches will help you control portion sizes and include more healthful foods. But if you eat lunch out, you can still have a healthy meal.

If you make your own lunch, here are some tips:

- Try tuna or chicken salad with apple chunks, pineapple, grapes or raisins. Put the mixture on whole wheat bread and have some carrot sticks on the side.
- Make a grilled cheese sandwich with low-fat cheese. Add sautéed spinach and onion and tomato slices.
- Make pasta sauce or soup with lots of vegetables such as spinach, kale, onions, bell peppers, grated zucchini or carrots.
- Make a pasta salad with whole-wheat bow tie pasta. Add broccoli or other veggies, chunks of cooked chicken breast, and a little feta cheese. Drizzle with olive oil and vinegar or lemon.

If you go out for lunch, here are some tips:

- If you eat burgers at fast-food restaurants, order the smallest burger, such as the child-sized, instead of a double or triple burger. Find places that let you choose healthy sides like fruit, salad or milk instead of French fries and soft drinks.
- Eat smaller portions by sharing a meal or taking some food home. Restaurants often give you much larger portions than you need.
- Order vegetarian foods. Ethnic restaurants, such as Indian, Thai, or Japanese restaurants, often have a wide variety of vegetarian choices.

If your dinner plate includes lots of colorful vegetables, you're off to a good start. Include a type of whole grain such as brown rice, whole wheat bread, or whole wheat tortillas. For protein, think lean. Good choices are grilled chicken, fish, pork, or beans or tofu. For cooking use healthy fats such as olive or canola oil. Flavor your foods with herbs and lemon instead of salt. If you keep your kitchen stocked with healthy basics, you can pull together a quick dinner if you're pressed for time.

Here are some healthy dinner ideas:

- Vegetable Soup. Make a quick vegetable soup by combining low-sodium canned chicken broth, frozen vegetables and some uncooked rice or noodles.
- Asian chicken salad. Combine grilled chicken breast slices with a bag of prewashed lettuce, canned mandarin orange slices and slivered almonds to make an easy Asian chicken salad. A store-bought ginger-soy vinaigrette can complete the salad.
- Fish tacos. Use frozen fish fillets, such as cod, and bagged shredded cabbage to make easy fish tacos. Place the cooked fish and the cabbage in corn tortillas. Top with salsa, lime juice and low-fat sour cream.
- Stir-fry. Use precut vegetables, precut and trimmed meat, and canned pineapple chunks to make a quick and flavorful dinner. Serve with steamed rice.

Follow these quick tips if you go out to eat for dinner:

- Before you order, find out how the food is prepared. Foods that are grilled, baked or steamed tend to be lower in fat than foods that are fried. Ask to have butter, sour cream, gravy and sauces served on the side. This will allow you to control how much you use.
- Try not to arrive at the restaurant overly hungry. It's harder to make healthy food choices when you get too hungry. Have a small snack 2 or 3 hours before you go out to eat.
- Ask your server to bring a box with your meal, so that you can split the meal before you even take the first bite. Or split a meal with someone else at your table.
- Choose menu items that contain fruits, vegetables, and whole grains. Order extra vegetables on pizzas and sandwiches.
- Try vegetarian dishes.
- Look for restaurants that have heart-healthy items marked on their menus and choose those whenever you can.
- Avoid all-you-can-eat menu options and buffet-style restaurants. Unlimited refills of soup or pasta may sound like a good deal, but they can make it easier to overeat.

PPG Cardiology has their own registered dietitian, Sara Bennett, and you can make an appointment with her by calling the PPG Cardiology scheduling department directly at 260-266-5680 and requesting an appointment with the dietitian. Many insurance carriers have benefits that completely cover the cost of this appointment and scheduling will be able to help you with this.

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- Healthwise/[www.healthwise.org](http://www.healthwise.org)

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### **Sodium content in foods**

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Almost all foods contain sodium, or salt, naturally or as an ingredient. Reducing salt in your diet can help to prevent high blood pressure. If you have high blood pressure, eating less salt can help you lower it.

If you have high blood pressure, diabetes, chronic kidney disease, or if you are African American, or if you are older than age 50, try to limit the amount of salt you eat to less than 1,500 milligrams (mg) a day. People who do not fall into one of these categories should limit salt to 2,300 mg a day. Most of us eat much more than that.

Most of the sodium that people eat comes from processed foods, not from the salt they add at the table. When buying canned foods, try to buy low-sodium varieties. You can limit sodium in your diet by counting the milligrams of sodium in the foods that you eat.

Foods that are usually high in sodium include:

- Smoked, cured, salted, and canned meat, fish and poultry.
- Ham, bacon, hot dogs and lunch meats.
- Regular hard and processed cheese.
- Regular peanut butter.
- Snack crackers.
- Frozen prepared meals.
- Regular canned and dried soups and broths.
- Regular canned vegetables.
- Salted snack foods such as chips and peanuts.
- French fries, pizza, tacos and other fast foods.
- Pickles, olives, sauerkraut and other pickled or cured vegetables.
- Ketchup and other condiments, especially soy sauce, Worcestershire sauce, steak sauce and seasonings high in salt.
- Food from restaurants can be very high in sodium, especially fast food and Chinese food.

What can be used in place of salt? Flavor your food with:

- Garlic
- Lemon juice
- Onion
- Vinegar
- Herbs
- Spices

Also consider using less salt (or none) when recipes call for it. You can often use half the salt a recipe calls for without losing flavor. Foods such as rice, pasta and grains do not need added salt.

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### **Lifestyle Modifications with A-Fib (Message 1)**

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding lifestyle changes and managing other chronic conditions with A-Fib:

[www.parkview.com/LifestyleModifications](http://www.parkview.com/LifestyleModifications)

There are some important lifestyle modifications that can help with the treatment of A-Fib. These are things that you can change or do on your own that can help keep A-Fib under control.

Maintaining a healthy weight can help in the treatment of A-Fib. Regular, moderate exercise can help you reach this goal along with a heart healthy diet. Your doctor can suggest a safe level of exercise for you. Make sure to include plenty of fish, fruits, vegetables, beans, high-fiber grains and breads, and olive oil in your diet.

If you smoke, stop! It is important for your general overall health to stop smoking. However, in the case of atrial fibrillation, additional damage occurs because smoking makes the heart beat faster, and lowers the oxygen level in the blood.

Drinking too much alcohol can also lead to atrial fibrillation in people at any age. Binge drinking can cause short-term bouts of the problem. Heavy drinking over many years can cause long-term atrial fibrillation. Heavy drinking is defined as more than 2 drinks a day for men and more than 1 drink a day for women.

Atrial fibrillation has been linked to sleep apnea, a condition in which breathing stops for brief periods during sleep. If you have atrial fibrillation, ask your doctor if you should be checked for sleep apnea, especially if you are overweight. Treating this may reduce your risk of atrial fibrillation.

Educational content for this message was taken in part from:

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### **Lifestyle Modifications with A-Fib (Message 2)**

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Please click on the link below to see what some of the PPG Cardiology physicians and patients have to say regarding lifestyle changes and managing other chronic conditions with A-Fib:

[www.parkview.com/LifestyleModifications](http://www.parkview.com/LifestyleModifications)

What can you do at home for atrial fibrillation?

Atrial fibrillation is often the result of heart disease or damage. So making changes that improve the condition of your heart may also improve your overall health.

- Don't smoke. Avoid secondhand smoke too.
- Eat a heart-healthy diet with plenty of fish, fruits, vegetables, beans, high-fiber grains and breads, and olive oil.
- Get regular exercise on most, preferably all, days of the week. Your doctor can suggest a safe level of exercise for you.
- Control your cholesterol and blood pressure. If you have diabetes, keep your blood sugar in your target range.
- Manage your stress. Stress can damage your heart.
- Avoid the overuse of caffeine, alcohol, and stimulants.
- Avoid getting sick from the flu. Get a flu shot every year.

Educational content for this message was taken in part from:

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## Long Term Management and Monitoring of A-Fib (Message 1)

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Please click on the link below to see what some of the PPG Cardiology physicians have to say regarding long term management of A-Fib:

[www.parkview.com/LongTermManagement](http://www.parkview.com/LongTermManagement)

To most effectively manage A-Fib in the long-term you should follow some guidelines:

- Take your medication as instructed by your doctor. Even if you feel that you aren't currently in A-Fib it is important to ALWAYS take your medication according to your doctor's instructions.
- Always keep your follow up appointments with your doctor.
- Follow safety guidelines when taking anticoagulation medication (blood thinners). Always take your blood thinner at the right time(s) and at the right dose.
- If you take Coumadin (warfarin) always notify your doctor or pharmacist that manages your Coumadin dosing if any of your current medications are stopped or new medications are started.

Be sure to keep an eye on your symptoms and report any changes to your doctor. Symptoms of A-Fib can include:

- Feeling dizzy or lightheaded.
- Feeling out of breath.
- Feeling weak and tired.
- Feeling like the heart is fluttering, racing, or pounding (palpitations).
- Feeling like the heart is beating unevenly.
- Having chest pain.
- Fainting.

Some common tests that your doctor might order to evaluate or monitor your A-Fib might include:

- EKG --- An EKG shows the heart's electrical activity as line tracings on paper. It involves attaching wires (electrodes) to the skin with adhesives.
- Holter Monitor --- A holter monitor is a battery-operated portable device that measures and tape records your heart's activity (ECG) continuously for 24 to 48 hours. The device is the size of a small camera. It has wires with silver dollar-sized electrodes that attach to your skin.
- Cardiac Event Monitor --- A cardiac event recorder is a battery-powered portable device that you control to record your heart's electrical activity when you are having symptoms.
- Mobile Cardiac Telemetry (MCT) --- MCT devices are small portable monitors that automatically send transmissions of abnormal heart rhythms. The information is automatically sent to a 24-hour manned monitoring center and is then interpreted and called to your doctor if necessary. It can provide real-time monitoring and analysis of your heart rhythms.



- Echocardiogram --- An echocardiogram ("echo") is a type of ultrasound test that lets your doctor watch your heart in motion. A standard echo takes about 30 to 60 minutes.

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### **Long Term Management and Monitoring of A-Fib (Message 2)**

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Please click on the link below to see what some of the PPG Cardiology physicians have to say regarding long term management of A-Fib:

[www.parkview.com/LongTermManagement](http://www.parkview.com/LongTermManagement)

You doctor may need to monitor your heart rhythm when your A-Fib is diagnosed as well as periodically throughout the course of managing your A-Fib. Your doctor may need to see if your symptoms correlate with episodes of A-Fib or may need to see what percentage of time your heart is in A-Fib.

Some common tests that your doctor might order to evaluate or monitor your A-Fib might include:

#### **EKG**

- An EKG shows the heart's electrical activity as line tracings on paper. It involves attaching wires (electrodes) to the skin with adhesives. This test takes only a few minutes and is typically done in the doctor's office.

#### **Holter Monitor**

- A holter monitor is a battery-operated portable device that measures and tape records your heart's activity (ECG) continuously for 24 to 48 hours. The device is the size of a small camera. It has wires with silver dollar-sized electrodes that attach to your skin.

#### **Cardiac Event Monitor**

- A cardiac event recorder is a battery-powered portable device that you control to record your heart's electrical activity when you are having symptoms. It is typically prescribed to be worn for 30 days. You can push a button when you have symptoms to record your heart rhythm and then send the recordings to be analyzed.

### Mobile Cardiac Telemetry (MCT)

- MCT devices are small portable monitors that automatically send transmissions of abnormal heart rhythms. The information is automatically sent to a 24-hour manned monitoring center and is then interpreted and called to your doctor if necessary. It can provide real-time monitoring and analysis of your heart rhythms.

### Echocardiogram

- An echocardiogram ("echo") is a type of ultrasound test that lets your doctor watch your heart in motion. A standard echo takes about 30 to 60 minutes. This lets your doctor look at the structure of your heart, your heart valves and how your heart muscle moves. This test can also be used to help detect blood clots in the heart.

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## What is A-Fib? (Message 1)

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Your heart is a muscle. Its job is to pump blood to your whole body through a network of blood vessels. Blood carries oxygen and nutrients that all body organs need to stay healthy and to work properly.

Your heart has its own electrical system that keeps the different areas of the heart working together and also controls how fast the heart beats. Your heart's electrical system controls the timing of the pump. When the electrical system is working right, it maintains a normal heart rate and rhythm. Problems with this electrical system can cause an arrhythmia. An arrhythmia means that:

- Your heart beats in an irregular way.
- Your heart beats too fast (tachycardia).
- Your heart beats too slow (bradycardia).

Atrial fibrillation is an arrhythmia. In atrial fibrillation, problems with your heart's electrical signals cause the upper chambers, or left atrium and right atrium, to contract in uncontrolled waves. Your heart also may beat faster or slower than normal.

Treating atrial fibrillation is important because:

- Atrial fibrillation lets blood pool in your heart, which can lead to clots. Clots can move to your brain and cause a stroke. People with atrial fibrillation are much more likely to have a stroke than people who do not have the problem.
- If you have a fast heartbeat, you may feel lightheaded, dizzy, and weak.
- A fast, uncontrolled heartbeat can harm your heart. It increases your risk for heart failure.

How is atrial fibrillation treated? Many people who have atrial fibrillation are able to live full and active lives. Treatment helps relieve symptoms and prevent problems caused by atrial fibrillation. You may need to take medicines such as:

- Blood-thinning medicine to prevent blood clots and stroke.
- Medicine to slow your heart rate.
- Medicine to control your heart rhythm.

You may need to have a procedure called cardioversion. Your doctor would use electric shock to return your heart rate to a normal rhythm. Or you may need a different procedure called catheter ablation. This destroys a small area of the heart and stops the electrical impulses that cause the irregular heart rhythm.

Educational content for this message was taken in part from:

- American College of Cardiology/[www.CardioSmart.org](http://www.CardioSmart.org)
- Healthwise/[www.healthwise.org](http://www.healthwise.org)

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## **What is A-Fib? (Message 2)**

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What is atrial fibrillation?

Your heart's electrical system tells your heart when to contract and pump blood to the rest of your body. With A-Fib, these electrical impulses don't work the way they should, short-circuiting in a sense. As a result, the heart beats too quickly and irregularly.

A-Fib is sometimes called a quivering heart. That's because the two upper parts of the heart (called the atria) quiver. When this happens, the normal communication between the upper and lower chambers of the heart is disrupted and becomes very disorganized. Because of this, many people with A-Fib feel zapped of energy fairly quickly or notice being out of breath simply walking up one flight of stairs. That's because you may not be getting enough oxygen; the heart isn't able to squeeze enough nutrient-rich blood out to the body.

Treating atrial fibrillation is important because:

- Atrial fibrillation lets blood pool in your heart, which can lead to clots. Clots can move to your brain and cause a stroke. People with atrial fibrillation are much more likely to have a stroke than people who do not have the problem.
- If you have a fast heartbeat, you may feel lightheaded, dizzy, and weak.
- A fast, uncontrolled heartbeat can harm your heart. It increases your risk for heart failure.

How is atrial fibrillation treated? Many people who have atrial fibrillation are able to live full and active lives. Treatment helps relieve symptoms and prevent problems caused by atrial fibrillation. You may need to take medicines such as:

- Blood-thinning medicine to prevent blood clots and stroke.
- Medicine to slow your heart rate.
- Medicine to control your heart rhythm.

You may need to have a procedure called cardioversion. Your doctor would use electric shock to return your heart rate to a normal rhythm. Or you may need a different procedure called catheter ablation. This destroys a small area of the heart and stops the electrical impulses that cause the irregular heart rhythm.

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### **Importance of Blood Thinners in A-Fib**

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A-Fib is the most common heart rhythm disorder (arrhythmia). A major concern with A-Fib is that it also makes blood clots in the heart that can travel and cause strokes or block flow to other critical organs. In fact, people with this condition are five times more likely to have a stroke than people without the condition.

Because your heart beat is out of sync, blood can collect in the chambers of the heart. When this happens, blood clots can form and can travel to the brain causing a stroke. Strokes related to A-Fib tend to be more severe and deadly.

Anticoagulants, often called blood thinners, are medicines that cause your blood to clot more slowly. They reduce your risk of forming a blood clot. They also keep an existing clot from getting larger. If you

have atrial fibrillation, you have a higher risk of a stroke caused by a blood clot. Taking blood thinners can lower your risk of stroke.

If you live with A-Fib, it's critical that you know the warning signs of stroke so that you can act fast. Call 911 right away if you have any sudden:

- Numbness or weakness in your face, arms or leg, especially on one side of the body
- Trouble walking or loss of balance or coordination
- Trouble seeing out of one or both eyes
- Confusion, trouble speaking or understanding
- Severe headache

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The information in this message may not apply to you right now if you have stopped taking your blood thinner medication for any reason. We realize there are many reasons why you may not be taking your anticoagulant right now (for example, if you are about to have surgery). Remember to always follow your doctor's instructions regarding taking your medication.

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### **Trusting in your Healthcare Provider**

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Making health decisions is part of life. These decisions can have a big effect on your health and happiness. Trusting in your healthcare provider is very important.

Quality healthcare is a team effort in which you play a very important role. Some decisions may affect how good your health care is. Others may affect how much it costs. Most people feel better about their health care when they take part in these decisions. Your healthcare team wants you to ask questions and feel confident about the decisions that are made.

It can be unsettling to live with A-Fib, especially if you can physically feel your heart beating unevenly. Be sure to share any concerns with your care team, especially how to manage your risk for stroke.

Time can be very limited during appointments. You may feel better prepared and less rushed if you take a list of questions to your appointment so you can remember to discuss them with your healthcare team.

Here are some questions you may want to ask:

1. What type of A-Fib do I have? Will I have it forever?
2. What's the difference between medications that control heart rhythm and those that control heart rate? Which one might be better for me and why?
3. How serious is my risk for stroke?
4. Which blood thinner is best for me?
5. How else can I lower my risk of stroke?
6. Are there changes I can make in my everyday life to prevent episodes of A-Fib?
7. What type and how much exercise should I be getting?
8. At what point should I consider a procedure like a cardioversion or ablation?

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