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By Loren Fishman



SUNDAY, LOCAL COMMENTARY | MONDAY, TUESDAY, THURSDAY & FRIDAY, POLITICAL OPINION | WEDNESDAY, HEALTH & WELLNESS ADVICE | SATURDAY, POSITIVE LIVING

A VIEW FROM THE VILLAGES HEALTH

**March is American Heart Month, and The Villages Health wants to share facts about atrial fibrillation. In The Villages community, a significant percentage of people have or may develop atrial fibrillation as they age.**



**Robert Herman**

COMMENTARY

This is an electrical disorder which alters the heart's regular rhythm.

Unlike the heart's usual rhythm (normal sinus rhythm), atrial fibrillation often results in rapid and irregular heartbeats. Individuals usually, but not always, note symptoms of fatigue, shortness of breath, palpitations or lightheadedness. The diagnosis can often be made with an electrocardiogram.

Cardiologists commonly utilize Holter monitors to record heart rhythms for prolonged periods of time to observe for episodes of atrial fibrillation.

Numerous other devices, most commonly smart watches, may identify the presence

of atrial fibrillation but have limited value for screening individuals without known atrial fibrillation. Due to their limitations, they require physician confirmation of abnormal findings.

The causes of atrial fibrillation are not well understood, but are believed to be due to alterations in the structure of a heart chamber called the left atrium that receives oxygenated blood from the lungs. This chamber delivers blood to the left ventricle which pumps the blood to the body.

Atrial fibrillation may be intermittent (paroxysmal), persistent (requires intervention to resolve) or chronic (always present). Patients with known heart disease are more likely to develop atrial fibrillation, but it also is commonly seen in healthy individuals as we age.

Sleep apnea, alcohol use, severe anxiety, surgery, or stimulants may play a role in precipitating paroxysmal episodes. Often there is no clear inciting cause. Atrial fibrillation is rarely inherited and if multiple family members have experienced atrial fibrillation, it is often an indication of family longevity.

Although atrial fibrillation may be symptomatic, it rarely

requires hospitalization. In the absence of chest pain, severe lightheadedness, significant SOB, or very rapid heart rates, outpatient care can usually be successfully undertaken. With treatment, an individual's heart rate can be brought under control and patients can often be converted back to a normal rhythm with resolution of their symptoms.

Drugs are commonly used to control the rapid heart rate. They may also be used in paroxysmal atrial fibrillation to decrease or prevent recurrences. In some individuals, atrial fibrillation may increase the risk of blood clots forming in the left upper chamber of the heart. These clots can then travel to the brain and result in a life-threatening stroke.

Blood thinners (anticoagulants) in individuals at higher risk of stroke are often recommended to decrease this risk. Currently used anticoagulants are safe and effective with a low risk of bleeding events. Those individuals at high bleeding risk can undergo a procedure to avoid the use of anticoagulation.

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may be utilized in selected individuals to return them to a normal rhythm for a significant period of time.

Cardioversion is an outpatient procedure where sedation followed by a shock to the heart usually converts atrial fibrillation back to normal sinus rhythm.

Atrial fibrillation ablation can now be performed safely

to isolate regions in the upper chambers of the heart and block the sites where this rhythm originates.

This procedure decreases the likelihood of recurrence of atrial fibrillation compared to medical therapies. The long-term success of ablation varies depending on the age of the patient, other cardiovascular or medical problems, and the duration of the atrial fibrillation and is not recommended for all patients.

The treatment of atrial fibrillation must be individualized, and treatment ultimately should be determined by the patient in conjunction with their cardiologist or physician. Many patients will ultimately develop chronic atrial fibrillation but, with current medical therapy, are asymptomatic and continue to enjoy all the physical activities and active lifestyle The Villages and surrounding communities offer.

For more information, or to become a patient of The Villages Health, visit us at [TheVillagesHealth.com](http://TheVillagesHealth.com) or call (844) TVH-WELL (844-884-9355).

*Dr. Robert Herman is a cardiologist for The Villages Health.*

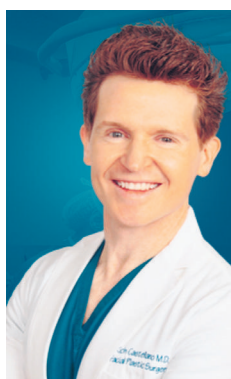
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**The Villages, FL 32159**