

Atrial Fibrillation occurs:
When you have a rapid, irregular heartbeat over 140 beats per minute

You may experience:
Shortness of breath, dizziness, palpitations, chest pain

Management of Atrial Fibrillation (AF)
Persistent atrial fibrillation lasts more than 7 days without resolution
OR
Permanent atrial fibrillation lasts longer than one year.
Atrial fibrillation is not generally life threatening but can cause a serious risk for stroke.
Many patients with AF will also have heart disease.

Your GP will:
Assess the Atrial Fibrillation symptoms AND

- Assess your stroke risk
- Consider your bleeding risk (if a blood thinning drug is to be prescribed)

Heart Rhythm and/ or Heart Rate Control
Your GP will make a decision to help return your heart to a normal rhythm
or
accept the abnormal rhythm of your heart and slow your heart rate. Generally the decision will be made to slow the heart rate using medications.
Heart rhythm and rate will be regularly monitored.

Bloodthinning therapy (usually the drug warfarin) is started to reduce blood clots forming and growing.
Warfarin therapy may not be started if the patient has a low risk of stroke or high risk of bleeding or cannot cope with the regular monitoring of the blood thinness levels
(Note: aspirin is not usually taken if warfarin is prescribed)

On Warfarin
Blood thinness levels need to be monitored regularly to ensure safety of the patient. GP usually refers patients to MedLab Central who will manage the Warfarin drug therapy and testing of blood levels. They will contact the patient directly to adjust their doses of warfarin. The GP will get a copy of MedLab's blood test records and medication level changes. If there are any problems with maintaining safe blood levels the patient will be reviewed by the GP.

If the Atrial Fibrillation symptoms remain a problem

If symptoms are not controlled or the patient has difficulty with the medication, refer to a Cardiologist