

By Steve S. Ryan, PhD, former A-Fib patient and, since 2002, publisher of *Atrial Fibrillation: Resources for Patients*, A-Fib.com ♥

Introduction

Atrial Fibrillation (A-Fib, AFib, or AF) affects as many as 5.1 million Americans with at least 460,000 new cases each year. Untreated, A-Fib can lead to stroke, an enlarged heart and other heart diseases. New treatments offer patients the hope of a cure, not just control or management of symptoms.

When a patient is diagnosed with Atrial Fibrillation, family members often struggle to understand what their loved one is going through. A-Fib can be a life altering disease—yet people with A-Fib don't look sick. A-Fib not only impacts the patient's health and quality of life but also the lives (and often livelihood) of their loved ones and co-workers.

At *Atrial Fibrillation: Resources for Patients*, A-Fib.com, we've fielded hundreds of questions from patients since our start in 2002. We've answered the most common ones on our [Frequently Asked Questions](#) (FAQ) pages. The following are the ten most often asked questions by family members.



The Top 10 Questions Families Ask About Atrial Fibrillation

♥ From the [FAQ files](#) at [A-Fib.com](#) ♥

1. "The doctor says it Atrial Fibrillation. Could it be something else? Should we get a second opinion?"

Though Atrial Fibrillation (A-Fib) can sometimes be confused with other arrhythmias, A-Fib is fairly easy to diagnose using EKG's, Holter monitors, etc.

If you have A-Fib symptoms and your Cardiologist says you have A-Fib, you probably have A-Fib. Where you may want a second opinion is how to be cured of your A-Fib.

2. "Is Atrial Fibrillation a prelude to a heart attack?"

In general, no. A heart attack is a physical problem with your heart muscles or heart functions, for example, a blocked artery.

Atrial Fibrillation is primarily an electrical or rhythm problem (think electrical vs plumbing problem).

However, over a long period of time, A-Fib can stretch and weaken your heart, healthy tissue can become fibrous and stiff, and this can lead to other heart diseases.

Atrial Fibrillation is a heart rhythm problem (think electrical vs. plumbing problem).

3. "Can you die from Atrial Fibrillation? Should we cool our sex life?"

Episodes of A-Fib are usually not life threatening. It's not like having a heart attack.

But if A-Fib goes untreated, you are five times more likely to have a stroke than the general population.

So, the first priority when diagnosed is to address your risk of stroke. Ask your doctor if you need to be on a blood thinner like warfarin (Coumadin) to help prevent clots from forming.

Since A-Fib is not life-threatening, you don't have to worry about dying while making love.

An Atrial Fibrillation attack isn't like having a heart attack.

4. “Did I cause the Atrial Fibrillation? Are we responsible?”

Most likely not. We all remember our first attack of A-Fib—the shock, fear, confusion, the sense of something wrong in our body that we can’t control, the rushing to a doctor and/or emergency room.

You didn’t cause your A-Fib....don’t blame yourself.

Often there’s a tendency to blame ourselves, to feel guilt. We ask ourselves “What did I do—or not do—that caused my A-Fib?”

In general we are not responsible for and didn’t cause our A-Fib. It’s different from a life-style related condition (like liver failure due to alcohol abuse). Those newly diagnosed can think of A-Fib as fate or karma rather than something we bring on ourselves. Whenever we start feeling guilt or blame for our A-Fib, we need to keep saying to ourselves, “I am not responsible for my A-Fib. I did not cause my A-Fib,” like a chant or mantra.

5. “What can I do for my spouse when they’re having an Atrial Fibrillation episode?”

When an A-Fib hits, keep in mind that as bad as it feels, an A-Fib attack usually isn’t life threatening. Keep calm and remember that the A-Fib attack usually passes.

You can help by getting your spouse to sit or lay down, perhaps in a darkened room, and relax as much as possible. Some patients find that light exercise or yoga helps. Others use cold compresses to the back of the neck, while some take a hot bath or shower.

6. “His A-Fib is getting worse. When should I call Emergency and/or take him to the hospital? I'm petrified with fear for him. Our doctors say don't worry unless he shows signs of a heart attack or stroke.”

For your own peace of mind, you and your husband need to work out an ‘A-Fib action plan’ with his doctors.

Having a plan is reassuring and helps you stay calm.

You and your husband should know:

- when to contact the doctor’s office
- your doctor’s cell number and/or email address for emergencies
- when to go to the emergency room
- if you should call your doctor from the ER
- if your doctor will call to talk with the ER staff
- when you should “just ride out” the episode
- how to recognize the signs of stroke

You need specific steps and a plan of action. When having an A-Fib attack, having a plan is reassuring and helps you stay calm. You and your husband will be confident you're taking the right action.

If you feel your doctor isn't working with you (to develop a specific action plan) and/or if your husband is getting worse, it may be time to change doctors.

7. "Is Atrial Fibrillation genetic? Will our children get A-Fib too?"

A-Fib does run in families. Do you have a parent or other family member with A-Fib? If not, then you probably won't pass on your A-Fib. The gene that increases the tendency for Familial A-Fib has been identified, but there hasn't been enough research on the genetics of A-Fib to say whether or not A-Fib is inherited.

8. "Is there a diet you could follow which will cure A-Fib?"

Medical research hasn't identified a diet which would cure your A-Fib.

Instead, you may want to lessen or eliminate foods that appear to trigger the A-Fib such as heavy alcohol consumption, and stimulants (tea, chocolate, tobacco, MSG, sodas).

Keep a log or diary of the time and date when each A-Fib episode occurs, what you were doing and what you had to eat or drink at the time. Look for patterns and specific triggers. For example, if your attacks appear after a meal with coffee, test its effect on your episodes by not drinking any for one or two weeks. Notice if you have fewer or less intense attacks.

...Keep a log or diary of the time and date when each A-Fib episode occurs.

Testing a series of possible triggers may help you minimize the number or frequency of your attacks. Share your journal with your doctor. In general, maintaining a healthy diet and lifestyle can only help with your A-Fib.

9. "We like our Cardiologist, but he hasn't referred us to an Electrophysiologist. Should we ask for a referral?"

Most definitely. Most patients with A-Fib should see an Electrophysiologist (EP), a Cardiologist who specializes in heart rhythm problems.

In fact, it's easy to find a local Electrophysiologist yourself. [The Heart Rhythm Society](#) has a feature called [Finding a Heart Rhythm Specialist](#). When you type in your state and city (or country), the site gives you a list of Electrophysiologists in your area.

However, not all Electrophysiologists (EPs) are specialists in atrial fibrillation. Instead, you can use the A-Fib.com [Directory of Doctors and Facilities](#) to find EPs

who treat atrial fibrillation patients. It's organized by US state/city and international regions.

To help you narrow down your choices, you may want to read [Finding the Right Doctor for You](#) and [Questions For Doctors](#) at A-Fib.com. In addition, here's a [Free worksheet](#) to download with a list of interview questions.

10. "Is Atrial Fibrillation curable? Or can you only 'manage' it?"

A-Fib is definitely curable. Don't let anyone, especially your doctor, tell you to just "take your meds and live with it."

If you have A-Fib, no matter how long you've had it, your goal should be a complete and permanent cure. Today's catheter ablation procedures and mini-maze surgeries can free you from the burden of Atrial Fibrillation.

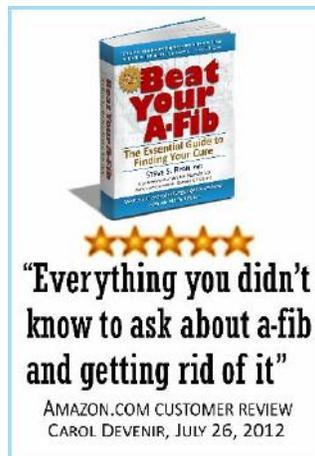
If your doctor is satisfied with just keeping your A-Fib "under control," you should consider changing doctors. ♥

Don't let anyone, especially your doctor, tell you to just 'take your meds' and live with it.

STEVE S. RYAN, PHD, is publisher of the non-profit patient education website, *Atrial Fibrillation: Resources for Patients*, www.A-Fib.com, and author of the 5-star rated *Beat Your A-Fib: the Essential Guide to Finding Your Cure*. Sign-up for our FREE A-Fib Alerts newsletter at <http://a-fib.com/alerts-join/>.

HAVE MORE QUESTIONS?

For more answers about Atrial Fibrillation, go to [Atrial Fibrillation: Resources for Patients, A-Fib.com](http://www.A-Fib.com).



Beat Your A-Fib: The Essential Guide to Finding Your Cure

by Steve S. Ryan, PhD

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