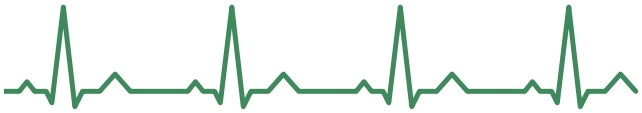
EquaHeart

Atrial fibrillation and arrhythmias (irregular heartbeat)

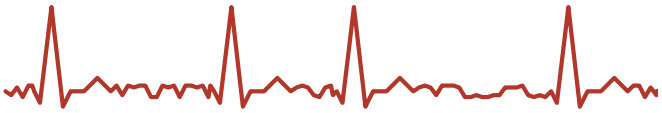
An arrhythmia is a heart rhythm that is too fast, too slow or irregular. The most common is **atrial fibrillation (AF)**, in which the upper chambers of the heart (atria) quiver rather than contract normally.

1 Normal rhythm and atrial fibrillation

Normal rhythm
Regular, evenly spaced beats



Atrial fibrillation
Irregular beats, with a quivering baseline between them



Simplified ECG tracings. AF may come and go, or be present all the time.

5×
AF increases the risk of stroke about five-fold

1 in 3
estimated lifetime risk of developing AF, from a large 2024 study

65+
Canadian guidelines recommend checking the pulse for AF from age 65

2 Symptoms

- Palpitations (racing or pounding heartbeat)
- Shortness of breath
- Fatigue
- Dizziness
- Chest discomfort

Some people have no symptoms, so AF is often detected during a routine pulse check or electrocardiogram (ECG).

Other arrhythmias

Occasional extra beats (ectopic beats) are common and usually harmless. Bradycardia (a slow heart rate) may cause fatigue or fainting, and some forms of tachycardia (a fast heart rate) require specialist care. An ECG or heart monitor can distinguish between them.

3 Stroke prevention

In AF, blood can pool in the atria and form clots that may travel to the brain. Canadian guidelines recommend an **anticoagulant (blood thinner)** for people with AF who:

- are aged **65 or older**, or
- have **heart failure, hypertension, diabetes**, or a previous **stroke or transient ischemic attack** (mini-stroke).

Direct oral anticoagulants (DOACs: apixaban, rivaroxaban, edoxaban or dabigatran) are generally preferred over warfarin; people with a mechanical heart valve require warfarin. **ASA (Aspirin) is not recommended for preventing stroke in AF.**

4 Treatment options

- **Rate control:** medications to slow the heart rate.
- **Rhythm control:** medications, cardioversion (an electrical reset) or catheter ablation to restore normal rhythm; often preferred within a year of diagnosis.
- The approach is chosen with your care team based on your symptoms and overall health.

5 Self-care

- Take anticoagulants exactly as prescribed and do not miss doses.
- Manage blood pressure, diabetes and weight; ask about sleep apnea testing if you snore.
- Reduce alcohol intake and remain physically active.

Call 911 for signs of stroke (facial drooping, arm weakness, speech difficulty), chest pain or fainting.

Sources: CCS/CHRS comprehensive guidelines for the management of atrial fibrillation, Can J Cardiol 2020; BC Guidelines, Atrial fibrillation, 2023. Lifetime risks of atrial fibrillation and its complications (Danish cohort), BMJ 2024. BC Medical Journal 2002;44(3) (stroke risk).
This guide is general information and does not replace advice from your healthcare provider.

equaheart.com
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