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Atrial fibrillation Interventional Cardiology journal

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Abstract

Atrial fibrillation (AF or A-fib) is an abnormal heart rhythm (arrhythmia) characterized by the rapid and irregular beating of the atrial chambers of the heart. It habitually begins as short periods of abnormal beating, which become longer or continuous over time. It may also start as other forms of arrhythmia such as atrial flutter that then transmute into Atrial fibrillation. Often episodes have no symptoms. Occasionally there may be heart palpitations, fainting, light headedness, shortness of breath, or chest pain. The disease is correlated with a heightened risk of heart failure, dementia, and stroke. It is a type of supraventricular tachycardia.

Peril for Atrial fibrillation are High blood pressure, and valvular heart disease, heart failure, coronary artery disease, cardiomyopathy, and congenital heart disease. Atrial fibrillation is often treated with the medications to slow the heart rate. Atrial fibrillation does not necessarily require blood-thinning though some healthcare providers may specify aspirin or an anti-clotting medication. For those at more than low risk, experts largely recommend an Anti-clotting medication. Anti-clotting medications include warfarin and direct oral anticoagulants. Most people are at elevated risk of stroke. While these medications reduce stroke risk, they increase rates of major bleeding.

Atrial fibrillation is the most common serious abnormal heart rhythm and, as of 2020, affects more than 33 million people worldwide. As of 2014, it affected about 2 to 3% of the population of Europe and North America. This was an increase from 0.4 to 1% of the population around 2005. In the developing world, about 0.6% of males and 0.4% of females are affected.

Since most cases of Atrial fibrillation are secondary to other medical problems, the presence of chest pain or angina, signs and symptoms of hyperthyroidism (an overactive thyroid gland) such as weight loss and diarrhea, and symptoms evocative of lung disease can indicate an underlying cause. A history of stroke or TIA, as well as high blood pressure, diabetes, heart failure, or rheumatic fever, may indicate whether someone with Atrial Fibrillation is at a higher risk of complications

Keywords: Heart palpitations; Fainting; Light headedness; Chest pain; Hyperthyroidism

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Symptoms

Atrial fibrillation is usually conveyed by symptoms related to a rapid heart rate. Rapid and irregular heart rates may

be perceived as the consciousness of the heart beating too fast, irregularly, or skipping beats (palpitations) or exercise intolerance and occasionally may produce anginal chest pain (if the high heart rate causes the heart's demand for oxygen to

increase beyond the supply of available oxygen (ischemia)). Other Possible symptoms include congestive heart failure symptoms such as fatigue, shortness of breath, or swelling. The abnormal heart rhythm (arrhythmia) is sometimes only identified with the inception of a stroke or a transient ischemic attack (TIA). It is not uncommon for a person to first convert mindful of Atrial Fibrillation from a routine physical examination or ECG, as it often does not cause symptoms

Diagnosis

The assess of atrial fibrillation necessitates a determination of the trigger of the arrhythmia, and classification of the arrhythmia. Diagnostic investigation of atrial fibrillation typically includes a complete history and physical examination, ECG, transthoracic echocardiogram, complete blood count, and serum thyroid stimulating hormone level.