

Got FIB? (Fast, Irregular Beats)

Helping your patients understand NVAF

By Christie L. Carter

The American College of Emergency Physicians, along with other health care providers and patient educators, is leading the development of the “Got FIB? Fast, Irregular heartBeats” educational program, designed to educate the public and health care providers on the warning signs of non-valvular atrial fibrillation (NVAF). The project is funded through a grant from the Bristol-Myers Squibb and Pfizer Alliance.

The program provides vital information regarding NVAF awareness, recognition of signs and symptoms, risk factors for developing NVAF-related stroke, access to care, ways to manage the condition, and appropriate treatment to reduce the risk of stroke.

Though atrial fibrillation (AF) has long been a leading cause of stroke, preventive therapeutic options were rather limited. But health care has recently been witness to a sea change in therapy, and it's an exciting place to be, according to W. Frank Peacock, MD, FACEP, professor of emergency medicine, Baylor College of Medicine, Houston, and a member of the Society of Cardiovascular Patient Care (SCPC).

In the last few years, five new drugs have been released to reduce the thromboembolic risk that accompanies the type of AF called non-valvular atrial fibrillation (NVAF)—all of which are safer and more patient-friendly than those currently used. “I've never in my career seen five drugs come out in a space like this before, and it's a great thing,” says Peacock. “A patient's risk of dying on one of these new drugs is much lower than on previous drugs. We now have a much better answer than we've ever had before to a very legitimate health problem.”

Warning Signs/Symptoms of Atrial Fibrillation

As a health care provider, you will always advocate for your patients. That includes ensuring that all patients who present with one or more AF symptoms or who are at higher risk for AF (such as diabetics and those with high blood pressure) are aware of the warning signs and symptoms, including:

- “Fast, Irregular heartBeats”
- Palpitations or a sensation that patient's heart is skipping, fluttering or pounding
- Feeling light-headed, dizzy or faint
- Feeling tired or unable to complete normal daily activities
- Shortness of breath and anxiety
- Chest pain or a tightness/discomfort in patient's chest
- A sensation of not feeling right
- General fatigue or fatigue when exercising
- Fainting or confusion
- Weakness
- Sweating at risk or with minimal exertion

Informing Patients of Their True Stroke Risk

It's important to remind your AF-diagnosed patients that while AF is a serious condition that must be managed, it's the increased risk of stroke that should be foremost on their minds. There are a number of risk factors for stroke that AF patients should be aware of, including:

- Previous stroke or heart attack
- Previous transient ischemic attack, or "mini-stroke"
- Previous thromboembolism (blood clot that has blocked a vessel or artery)
- Over 65 years of age
- Hypertension (high blood pressure)
- Heart failure
- Diabetes
- Vascular disease
- Acute infections
- Coronary or peripheral artery disease
- Other lifestyle factors, such as stress levels, excessive alcohol intake and stimulating drugs (like caffeine)

Rely on each patient's CHADS-VASc2 score to determine their likelihood of stroke. Use their score to help patients understand the need for an anticoagulant, if necessary.

"Providers need to use the CHADS-VASc2 score to best inform patients of their individual stroke risk and also to reinforce that such risk can be reduced by taking anticoagulation medication on a regular basis," says Phillip Levy, MD, MPH, FACEP, FAHA, professor of emergency medicine, Wayne State University, Detroit, and president-elect of the SCPC.

Patients should also be cautioned not to stop taking their anticoagulants without first discussing it with their physician. "As providers, we need to ensure that our patients understand that the higher their CHADS score, the sooner they could have a stroke," says Peacock. "They cannot stop taking their drug—no matter what—until they have a conversation with their doctor."

Setting Patients Up for Success

With an NVAf diagnosis there can be discontinuity in the level of understanding between provider and patient, according to Levy. "This is not a diagnosis that you simply give someone and leave them with," he says. "It requires a lot of explanation and characterization of associated risk, along with a detailed explanation of the implications for the patient, both at the time of diagnosis and for the future as they live with the disease."

If you encounter a patient or notice someone experiencing "Fast, Irregular heartBeats" or any of the other symptoms mentioned in this article, you should encourage them to contact their personal physician as soon as possible. For additional information and valuable resources, please visit www.dontfibyourself.com. And remember, "Don't Fib yourself, this could kill you!"