

Your action plan for managing atrial fibrillation (AFib)

The heart has four chambers - two at the top and two at the bottom. For blood to pump through the heart (and out to the body), these chambers have to squeeze (or “contract”) at the right time. Electrical signals from the top part of the heart (the atria) tell the heart when to beat.

With atrial fibrillation, also called AFib, these signals get jumbled. As a result, the heart beats at irregular, or offbeat, times. This disrupts blood flow through the heart. The lower chambers of the heart may not fill completely or pump enough blood to the body. That’s why many people with AFib feel very tired or lightheaded.

Some people are constantly “in AFib.” Others have episodes once in a while.

The good news is that with the right treatment, you can live a long, healthy life with AFib. But you need to be in tune with your heart and body. If untreated, AFib can lead to blood clots, stroke and, in rarer cases, other heart-related problems, including heart attack and heart failure.

Use this action plan to learn more about AFib and how best to manage it. You can use it to write down your goals, questions, and treatment options to talk about with your health care team. You’ll also find worksheets to track your medication, symptoms, and the ways in which AFib might be affecting your life.





Helpful hints from the start

- **First, having AFib doesn't mean you're going to die or suffer a sudden heart event.** Many patients say they feel their heart racing or beating irregularly and worry that a heart attack or other bad event isn't far off. But AFib isn't usually tied to these events. Still, it's always important to keep an eye on how you are feeling and tell your health care team if your symptoms get worse.
- **The biggest concern with AFib is stroke. AFib is generally not a dangerous heart rhythm if it's being well managed and steps are being taken to prevent stroke.** Because the heart isn't beating regularly, blood can get stuck and pool in the heart, making it easier for clots to form. If a clot makes its way into the bloodstream, it can lead to a stroke. In fact, people with AFib are 5 times more likely to have a stroke than people without AFib. Being on a blood thinner to prevent clotting is important for many people with AFib; it will depend on how high your chance of having a stroke is and what you feel comfortable with.
- **AFib can be managed.** While treatment won't stop AFib from ever coming back, it can help to ease symptoms and make AFib episodes less frequent, shorter in length and more controlled. Some people have a lot of improvement and rarely, if ever, feel episodes of AFib. But even with successful treatment, AFib can recur. And treatments that worked for a while may need to be adjusted, or new treatments might need to be tried over time.
- **Play an active role in your care** by asking questions and talking openly with your care team about your goals for managing AFib.
- **Talk openly with your care team about how you feel, your personal goals for treatment, any concerns you have and how you are feeling overall** including side effects or costs of medications and symptoms. AFib can cause troublesome or disabling symptoms for some people; others don't have any symptoms.
- **Bring a list of the medications you take** - both prescription and over-the-counter medicines and supplements - and review it at each visit. If you have any questions about the reasons for taking these medications or how each medication works, you can ask these questions at your health visit.

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Knowledge is power:
The more you know about AFib and the options to manage it - now and in the future - the better you will feel knowing there are things you can do to help control it.

Date: ____/____/____

Name: _____

Age: _____

Your core health team

	Name of clinician or clinic	Phone number
Primary care		
General cardiologist (heart doctor)		
Cardiac electrophysiologist (a heart doctor who specializes in the electrical activity of the heart - sometimes on the team to perform procedures or provide advice to the general cardiologist)		
Other specialists you see regularly: _____ _____ _____		

About your AFib

When were you first told you have AFib: _____/_____ (month/year)

Is your AFib:

- Intermittent - meaning it comes and goes, starts and stops on its own
- Chronic or persistent - it occurs often and lasts for long periods of time
- I don't know

What sentence best describes you:

- I know when I'm in AFib
- I really don't feel my heart doing anything out of the ordinary
- I'm somewhere in between
- I'm not sure

What symptoms have you had: (Check all that apply.)

- Shortness of breath
- Weakness, fatigue or difficulty exercising
- Chest pain or tightness
- Extreme tiredness/fatigue, low energy
- Rapid, fluttering, skipping, or irregular heartbeats (palpitations)
- Dizziness/feeling lightheaded or faint
- Swelling in legs or feet
- Weight gain
- Other symptoms: _____
- None

Treatments tried

What steps, if any, have you taken to manage AFib? (Check all that apply.)

- I'm just learning about treatment options because I'm newly diagnosed
- Adopting heart-healthy life choices (for example, healthy eating, not using tobacco, losing weight, getting quality sleep)
- Cutting back on alcohol or not drinking
- Taking a blood thinner to lower the likelihood of a stroke
- Taking medication(s) to keep my heart rate from going too fast (rate control)
- Taking medication(s) to reset my heart rhythm back to normal (rhythm control)
- Ablation (When did you have your ablation: _____)
- Undergoing cardioversion (If so, how many times: _____)
- Having a pacemaker placed to help my heart rate from being too slow or switching between fast to slow rhythms
- Managing stress levels
- Other: _____

Family history

Does anyone else in your family (brothers, sisters, parents, children) have AFib or an irregular heart rhythm?

- Yes (If yes, who: _____)
- No
- I don't know

What about other types of heart disease or sudden cardiac arrest?

- Yes
- No
- I don't know

If yes, please note the person's relation to you and heart condition: _____

Other conditions that can affect treatment choices

Do you or have you had: (Check all that apply.)

- High blood pressure
- Heart failure or cardiomyopathy
- A heart attack
- Blockages in your heart's arteries (also called coronary artery disease)
- A blood clot
- A stroke
- Chronic kidney disease
- Sleep apnea
- Thyroid disease
- Another heart rhythm problem _____
- Other: _____

Use of heart monitoring

Do you check your heart rate, or have you used a heart monitor that was either recommended by your care team or that you used on your own?

- Yes
- No

If yes, do you: (Check all that apply.)

- Use a smartwatch or fitness tracker (Which one: _____)
- Use an app with my phone (Which one: _____)
- Used a medical grade monitor prescribed by your care team (Holter monitor, event monitor or patch recorder)

If so, which one and when:

Your goals for managing AFib

Be sure to talk openly with your health care team about your concerns, goals and values. Knowing what is important to you can help guide your treatment choices.

Think about and write down:

1. What worries you most about having AFib?

2. When it comes to managing AFib, what is most important to you? (For example, doing certain activities, not having to worry that an AFib episode will get in the way of plans, preventing a stroke)

Do you have specific goals for different parts of your life?



At work:



At play:



At home:



For your mental well-being:

Print the worksheet [Keeping Track of Symptoms and How AFib Affects Your Life](#) at the end of this action plan. This will help you and your care team watch how AFib is impacting your day-to-day life, and what treatments might need to be changed.

3. **Is it important that your treatment:** (Check all that apply and write down any helpful notes.)

Helps ease symptoms

Which do you find to be most bothersome?

How often do these occur: _____ times per _____ (day/week/month/year)?

Helps prevent any hospital stays

Improves your ability to do certain activities

Which activities are most important to you?

Lowers the chance of having other health issues or complications

Which ones are you especially concerned about?

Addresses the emotional side of living with AFib

What do you find to be the hardest part?

Reduces out-of-pocket costs for your health care

Other goals or things that are important to you:



TIP: Your goals may change over time. Let your health care team know so they can best meet your needs.

4. Are there questions about AFib that you would like answered?

For example:

- How will AFib affect my life? Will it limit what I can or can't do?
- Will AFib damage my heart or affect the way it works in the long-term?
- Will I need to take medication forever?
- What's the difference among types of blood thinners and which one is best for me?
- Are blood thinners not recommended for some people?
- If I don't feel my heart in AFib, is it a problem?
- Will I need a pacemaker and will a pacemaker keep me out of AFib?

Write down any other unanswered questions here:

▶ Managing your AFib

You can manage AFib with a combination of lifestyle changes, medications and/or procedures.

Your treatment will depend on a number of things. For example:

- **Symptoms** - how often you have them and how bad they are
- **How often you are in AFib** - only a couple of times a year, a couple of times a month, or more often
- **Your risk for stroke** based on something called your CHADS₂VASC score
- **Age or other health conditions**, including heart disease
- **If there are signs** that AFib is affecting heart function
- **Your personal goals** for treatment and how AFib is affecting your life



Treatment goals center around:

- Helping you feel as good as possible by relieving symptoms and how often AFib occurs
- Preventing blood clots
- Restoring your normal heart rate or rhythm

Be sure to think about and share any other goals or outcomes that are important to you.

Many people don't have symptoms. For those who do, symptoms can make it hard for them to do usual activities. The goal with treatment is to help you feel better and not live in fear of the next time you might pop into AFib.

Treatment of AFib focuses on **lifestyle changes, preventing stroke**, and either **rate control** or **rhythm control**. So the focus is either to:

- Control the heart rate** so it doesn't get too fast when AFib occurs (this is done with medications like beta blockers or calcium channel blockers)

or

- Get the heart back into a normal rhythm and maintain it** (this is often done with antiarrhythmic medications, ablation or cardioversion)



It's often very hard to predict or know which treatment or treatments will ultimately work best. It can take time. Don't be surprised if treatments that have worked need to be changed later on.

Some patients have said one of the challenges of living with AFib was not knowing from the start that you could "grow out of your medication" and need to try something different.

Key steps for managing AFib

Preventing stroke

Your care team will use a calculator to assess your stroke risk. This and some other factors will help you decide which medication to guard against blood clots is best for you.



Healthy lifestyle

Studies have shown that losing weight (if you need to), cutting back on alcohol, not smoking, treating sleep apnea if it is present, and keeping blood pressure well controlled can have a favorable effect on AFib.



Medications

Medications are used either to control your heart rate or keep your heart in a normal rhythm. They can go a long way to help you feel better but may need to be changed over time.



Procedures

Procedures can help reset the heart rhythm, maintain a normal rhythm, or reduce risk of future AFib episodes. If you are at high risk for stroke and blood thinners are not an option, a small device could be placed in the upper chamber of the heart to prevent blood clots from causing strokes.



Follow-up visits and heart checks

Additional heart monitoring may also be recommended to see how often you are in AFib and if certain treatments are working.



Preventing stroke

AFib can lead to blood clots inside your heart. This happens because blood isn't being pumped out of the heart as well as usual. Blood can pool and then clot in the heart. If a clot or a piece of the clot gets into the bloodstream, it can travel to the brain and cause a stroke.

Some people are more likely to have a stroke than others. For this reason, your health care team will assess your risk for stroke using a special calculator to plug in your age and other conditions. Stroke is more likely in women and those with:

- Older age
- Diabetes
- High blood pressure
- Coronary artery disease (or if you have had a heart attack)
- Peripheral artery disease (narrowing in the arteries, mostly in the legs)
- Heart failure
- People who have had a stroke or blood clots

Stroke risk is usually addressed with a blood thinner (anticoagulant) and, in rarer cases, a device. Blood thinners make the blood less likely to clot and can prevent stroke. Some common blood thinners include:

- Warfarin (Jantoven)
- Dabigatran (Pradaxa)
- Apixaban (Eliquis)
- Rivaroxaban (Xarelto)
- Edoxaban (Savaysa, Lixiana)

Choosing the blood thinner that is best for you depends on a few factors, including:

- If you've had blood clots before
- Which is more affordable and covered by your health insurance
- Other health conditions, such as kidney disease
- Whether it's easier for you to take a medicine one or two times a day

Blood thinners can also cause easy bleeding, so take time to talk about any concerns, and share your hobbies and the types of activities you like to do. For most people, the risk of bleeding is much lower than the chance of a stroke. Also, AFib-related strokes tend to have more serious, long-term consequences.

Knowing how likely you are to have a stroke is a routine part of managing AFib. It will also help guide discussions about which blood thinning medicine is right for you.



Even shorter bouts of AFib without symptoms can make a stroke more likely. Blood thinners should be taken even if you feel well can't feel when you are in AFib. Learn about the [Signs of Stroke](#) (see Page 30).

Some people don't take a blood thinner because they have a high risk of bleeding or falls or they have an artificial heart valve. There is also a procedure called **left atrial appendage closure**. A device closes off the little pouch in the upper left chamber of the heart where blood often pools. It may be considered for some people.

Aspirin is sometimes recommended for people with AFib, but not as a blood thinner to reduce the risk of stroke related to AFib.

Healthy lifestyle choices

Lifestyle changes have a host of health benefits. Certain lifestyle habits can reduce how often AFib occurs and make an ablation, a procedure to prevent AFib, more likely to be successful. Examples include:

- Choosing heart-healthy foods
- Moving your body more, and staying physically active
- Maintaining a healthy weight
- Not using tobacco
- Limiting alcohol
- Reducing stress
- Getting good sleep and treating sleep apnea if you have it
- Preventing infections

On the next few pages, we review lifestyle changes that may help.

Use the check boxes and space provided to write down recommendations for you.



Eat a heart-healthy, nutritious diet.

Several eating plans are known to be good for the heart. It's generally a good idea to:

- Eat a diet rich in vegetables, fruits, fish and healthy sources of protein.
- Limit processed or packaged foods. These tend to have little nutrition and a lot of added salt or sugars.
- Other recommendations/advice (for example, nutrition counseling):



Move your body.

Getting exercise most days is needed to support your heart health. Not only will it help you feel better and boost your energy level and mood, but physical activity can also help:

- Lower blood sugar, blood pressure and cholesterol
- Strengthen the heart
- Prevent other health problems, such as type 2 diabetes, certain cancers, depression, sleep apnea, or falls

Aim to get _____ minutes of exercise most days.

Types of activities that are good for me include:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Biking |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Cardio-type classes |
| <input type="checkbox"/> Gardening | |



Maintain a healthy weight or lose weight, if needed.

Studies show that excess weight can contribute to AFib. Getting exercise and finding easy ways to cut calories can help (for example, cutting back on sweets, limiting alcohol and sugar-sweetened drinks, which are full of empty calories).

List three things can you do to curb calories:

1. _____
2. _____
3. _____

Other recommendations/advice:



Cut back on or eliminate alcohol. Alcohol can make AFib worse. Less or no alcohol is best.

- How many days a week do you drink alcohol? _____
- Aim to cut this to _____ a week.
- Other recommendations/advice:



Reduce stress. Stress and anxiety can make the heart work harder. It can also make it harder to cope and stay positive. High emotional stress can trigger AFib episodes in some people.

- Keep an eye on your emotional health and let your care team know if you are feeling unusually sad, depressed or worried about things.
- Find healthy ways to cope with stress, and focus on your body and mind. For example:
 - Deep breathing exercises
 - Yoga
 - Exercise
 - Writing in a journal
 - Music therapy
 - Positive self-talk - you can do this!
 - Other ideas: _____

- Seek counseling with a mental health professional if you think this would be helpful.

Name and contact number: _____

- Other recommendations/advice:



Quit using tobacco. Smoking can worsen AFib. Let your health care team know if you smoke and need help quitting. It's not easy, but there are resources to help.

- Set a date to quit: ___/___/_____
- Get help quitting - 1-800-QUIT-NOW (1-800-784-8669).
- Ask your care team about medications and nicotine replacement therapies that can help.
- Avoid other people's smoke as best you can.
- Other recommendations/advice:



Get a good night's sleep. Sleep deprivation - getting too little sleep - can trigger AFib episodes for some people. It also makes it harder to lose weight if you need to. Pay attention to your sleep habits.

These steps can help:

- Aim for 7-8 hours of sleep a night.
- Set a regular time to go to bed and get up each day.
- Do something to wind down and relax. For example, taking a warm bath, listening to soothing music, or reading a book. Make sure to put devices away at least an hour before bedtime.
- Exercise - though not right before going to bed - can promote good sleep.
- Ask about getting screened for sleep apnea. Tell your care team if you wake up frequently in the night or are overly tired. Sleep apnea, a sleep disorder, is often associated with AFib. Let your care team know if you snore to the point that you wake yourself up, if you never feel rested, or if a sleep mate notices that you have pauses in your breathing.
- Other recommendations/advice:



Prevent infections. Colds and respiratory infections can bring on an episode of AFib in some people.

- Get an annual flu shot.
- Stay current with COVID-19 vaccinations based on the latest recommendations.
- Talk about other recommended vaccines (for example, against pneumonia or shingles) and when you should get them:

Medications

When it comes to medications, it really depends on the approach you and your care team decide to take to manage your AFib - controlling your heart rate or heart rhythm.



If medications don't work to reset and maintain a normal rhythm, there are procedures that can be tried.

On the next page, you will find a list of medications that are used to treat AFib and manage the risk of stroke, common examples of each, how they work, and things to consider or ask about.

Use the chart to check off which medicines you will start to take or already take. The medication list that follows will help you keep track of medications you take.

Medications to control heart rate	Common examples	Things to consider
<input type="checkbox"/> Beta blockers Slow the heart rate, lower blood pressure	Metoprolol, carvedilol	May feel dizzy or lightheaded if heart rate slows too much or blood pressure drops.
<input type="checkbox"/> Calcium channel blockers Slow the heart rate, lower blood pressure	Verapamil, diltiazem	
<input type="checkbox"/> Digoxin Slows heart rate and strengthens heart muscle contractions to pump more blood	Digoxin	
Medications to control heart rhythm	Common examples	Things to consider
Antiarrhythmic medications Change an abnormal heart rhythm to a normal, steady one; restores normal sinus rhythm, For example: <ul style="list-style-type: none"> <input type="checkbox"/> Sodium channel blockers <input type="checkbox"/> Potassium channel blockers 	Flecainide, propafenone (Rhythmol SR) Amiodarone (Pacerone, Nexterone) Dofetilide (Tikosyn)	Low chance of developing a dangerous heart rhythm, so regular monitoring of labs and electrical activity of the heart is needed. Some of these medications might need to be started in the hospital to monitor your heart and how you respond. Amiodarone can cause lung, thyroid or liver problems, so you may need to have additional tests.
Medications to prevent stroke	Common examples	Things to consider
<input type="checkbox"/> Blood thinners Break up or stop blood clots from forming	Warfarin (Coumadin) Apixaban (Eliquis) Dabigatran (Pradaxa) Edoxaban (Savaysa, Lixiana) Rivaroxaban (Xarelto)	With warfarin, frequent blood tests are needed to see whether it's working and make sure the dose is OK. In addition, this medication can interact with other medications or foods, so dietary modifications may be needed. You also need to avoid large servings of dark leafy greens and other foods high in vitamin K. With newer medications, there are no food restrictions or blood monitoring needed. With all blood thinners, you can bleed more easily, so bruising and bleeding can happen. Don't take an extra dose if you miss one.

AFib medication list

Keep an updated copy of this list in your purse or wallet.

Drug type	Medication name	Reason for taking it	Dose (amount), this may change over time	How often (for example 1 or 2 a day)	Time of day to take it and how (with or without food)	What to do if I miss a dose	Side effects to watch for, report
Blood thinner (anticoagulant, such as warfarin, apixaban, rivaroxaban)							
For heart rate control Beta blocker (metoprolol, carvedilol) Calcium channel blocker (verapamil, diltiazem) Digoxin							
For heart rhythm control (for example, amiodarone, sotalol, flecainide, dofetilide)							

Drug type	Medication name	Reason for taking	Dose (amount), this may change over time	How often (for example 1 or 2 a day)	Time of day to take it and how (with or without food)	What to do if I miss a dose	Side effects to watch for, report
Other heart medicines you take (for example, ACE-inhibitor, ARBs)							
Other prescription medications, over-the-counter drugs or supplements							



Medication reminders

- Medication should always be coupled with healthy lifestyle choices.
- Make sure you understand why each medicine is recommended. Always take your medications as directed.
- You may start taking a medication at a low dose (amount). Your clinician will gradually increase the dose based on how you are doing.
- Be sure to review all of the medications you take, including for other conditions. Ask if there are medications, including supplements and those available over-the-counter, that you should avoid.
- Let your care team know if you have any issues with your medications - for example, remembering to take them, concerns about side effects/how they make you feel, difficulty paying for them, and/or not understanding why certain medications are needed.
- Never double up on blood thinners if you miss a dose. Talk with your care team and have a plan.

Procedures

Cardioversion

Sometimes a procedure called “cardioversion” may be recommended to reset or shock the heart rhythm back to normal. Cardioversion often works, but it won’t keep the normal rhythm, so additional strategies - medication and/or catheter ablation - are needed.

Cardioversion often won’t help if your AFib stops and starts on its own. The procedure is done in the hospital under general anesthesia (totally asleep).

History of cardioversion

How many cardioversions have you had? _____

Date: (month/year)

Hospital where it was done:

___/___

___/___

___/___

Ablation

A procedure that involves passing a thin, soft tube (called a catheter) into a vein in the leg and advancing it to the heart where it is used to destroy the electrical activity of the heart tissue that is sending abnormal electrical signals. This is generally considered if medications and lifestyle haven’t worked, as well as other factors.

My care team and I talked about cardiac ablation for these reasons:

Based on our discussions, together, we decided I should:

- Have an ablation
- Revisit our discussion about ablation as an option in about _____ months or sooner.
- As of now, I don’t need an ablation
- I don’t want an ablation

Do you have specific concerns about ablation? If so, write them here:

Surgical maze

Small scar lines are made on the heart to create a “maze” that prevents or redirects the abnormal beats from controlling the heart. This is done through open-heart surgery. It’s often only considered if medications and ablation haven’t worked or if you are having heart surgery for another reason.

Left atrial appendage closure

In this procedure, a device is placed in the heart to help prevent strokes by closing off a little pouch in the heart where blood clots can collect. Some people with a very high risk of stroke might consider it, particularly if they cannot take a long-term blood thinner due to high risks for bleeding.

Pacemakers

Pacemakers aren’t usually used to treat AFib directly. But they are used for people who:

- Have both AFib and slow heart rhythms
- Need to take strong medications that would otherwise slow their hearts too much

Your care team might talk about a pacemaker with you if you have another heart rhythm problem, if you have a very slow heart rate or are taking medications that cause too slow of a heart rate.

▶ More steps to better manage AFib

Learn your triggers

You may notice that some activities may set off an AFib episode. Common examples include:

- Alcohol
- Getting too little sleep
- Intense emotional stress
- Certain cough, cold and allergy medications
- Missing medications to control heart rate or rhythm
- Recent illness - such as a cold, flu, stomach bug



Do you notice any of these or others? (Use the space below to write down notes.)

Treat other conditions

Some conditions can make AFib worse. It's important to treat these, too.

For example:

- Sleep apnea
- Thyroid disease
- Obesity
- Blocked arteries in the heart, legs or other parts of the body
- Keep blood pressure and cholesterol within a healthy range

Follow-up visits and tests

Keeping up with regular health visits is an important part of managing AFib over the long run. This is true even if you don't have symptoms. These visits and various tests to look at how the heart is beating can help check how well treatment is working and if changes are needed.

Plan ahead and schedule health visits and imaging tests.

You should see your heart specialist every _____ months/years.

Next visit, if known: _____ at _____ a.m./p.m.

One or more of the following imaging tests should be done every _____ months / years. (Circle which ones.)

- Electrocardiogram (ECG) - records the electrical signals of the heart, over a 10 second period.
- Echocardiogram - uses sound waves (ultrasound) to look at the structure of your heart and see how well it's pumping.
- Exercise stress test - monitors your heart rate and blood pressure response during activity when the heart is beating faster; helps see if AFib worsens with exercise
- Heart monitoring at home - you may be asked to wear a device - for example, a Holter monitor or patch - to collect more data and information about your heart's electrical activity

Date of next imaging test(s), if known: _____ at _____ a.m./p.m.

Blood tests to monitor for safe use of certain heart rhythm medicines

Blood tests to monitor blood counts and kidney function for certain blood thinning medications and adjust the dose as needed.

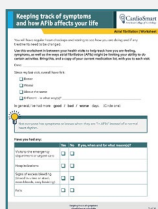
In between health visits:

- Keep track of how you are feeling (better, worse, the same or different in some way) and
- Ask what symptoms or changes to watch for and when and whom to call.

For example, if you notice:

- Chest pain
- Worsening shortness of breath
- Stronger or more noticeable heart palpitations or flip-flopping
- Obvious swelling in your legs, feet or ankles

The best way to reach your care team is:



Use the worksheet [Keeping Track of Symptoms and How AFib Affects Your Life](#) in between visits.



▶ Sticking with your care plan and advocating for yourself

It is helpful for your health care team to know what might get in the way when it comes to your treatment plan. For example:

- You might find it hard to take your medications as directed either because you take too many or the cost is too high
- You may not be able to get to and from health visits easily
- You may be worried about bleeding risks with blood thinners and other side effects of heart rate or rhythm medications
- You may need more help trying to weigh the pros and cons of one therapy over the other

Use this chart to write down any barriers to your treatment plan. Talk with your care team so they can help find solutions and support you.

	What makes it hard	What seems to help
Eating heart healthy	<i>(Example: not having healthy options to choose from, it's easier or cheaper to pick up food to-go)</i>	<i>(Example: when my family joins me in making healthy choices, planning ahead)</i>
Being physically active or losing weight	<i>(Example: fear of pushing myself too hard, lack of time)</i>	<i>(Example: coming up with a plan with my care team, joining a class)</i>

<p>Taking medications</p>	<p><i>(Example: side effects, not knowing why certain medicines are needed, can't read the label)</i></p>	<p><i>(Example: using a pillbox, setting an alarm)</i></p>
<p>Paying for/accessing medications</p>	<p><i>(Example: I can't afford to pay)</i></p>	
<p>Making it to medical visits or getting follow-up imaging tests</p>	<p><i>(Example: need to schedule visits after work, don't have a way to get to visits)</i></p>	
<p>Quitting smoking</p>	<p><i>(Example: I've tried before, and it didn't work)</i></p>	

Advocate for yourself

Speak up if you need more help or advice with:

- Getting regular physical activity
- Weight loss or maintaining a healthy weight
- Managing other health conditions, including high blood pressure
- Coping, managing stress and finding ways to boost your mental health
- Understanding how your treatment works
- Quitting smoking
- Other:



From now until your next visit

Write down 3 things you can do to help manage your AFib and take care of your general health, too.

Try to choose specific goals you can measure. For example, I will walk for # minutes every day of the week.

1. _____
2. _____
3. _____

▶ Common questions

It can be helpful to write down a list of questions to ask your care team during your next visit. Some questions might include:



General questions

- What is causing my atrial fibrillation?
- What type of atrial fibrillation do I have (For example, intermittent, persistent, permanent)?
- What kind of activities can I perform and what should I avoid?
- Has my heart been weakened by the atrial fibrillation?
- Are there any foods or medicines I should avoid because of atrial fibrillation?
- Are there things that might trigger episodes of AFib?
- If I feel myself in AFib what should I do?
- I can't feel when I'm in AFib, does that mean I don't need to worry?
- Are there symptoms I need to be especially concerned about?
- What do I do in the case of an emergency?

About blood clots and stroke

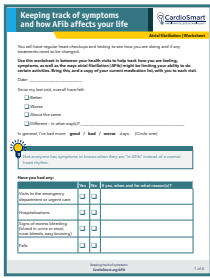
- What is my risk for stroke? How likely am I to develop blood clots because of my AFib?
- What can I do to lower my chance of having a stroke?
- What is the best blood thinner for me to take? What is the difference between warfarin and the newer medications to prevent stroke? Can we walk through the pros and cons of each option, including possible side effects?
- How concerned do I need to be about bleeding?
- If my heart returns to the normal rhythm or I feel OK, can I stop my blood thinners?
- What is the left atrial appendage closure device? Is that something that would work for me?

Managing heart rate or rhythm

- How do you decide if we should focus on rate control or rhythm control in managing my AFib?
- What's the best approach for me?
- How will we know if medications to control my heart rate or heart rhythm are working?
- Will I still feel symptoms?
- At what point should I consider a procedure to restore a normal heartbeat?
- The shock treatment (cardioversion) returned my heart to the normal rhythm, but the atrial fibrillation is back. Is there anything I can do?
- My heartbeat is no longer fast, but I still feel very tired and short of breath, making it hard for me to do daily activities. Are there other things we need to think about?

More information and resources

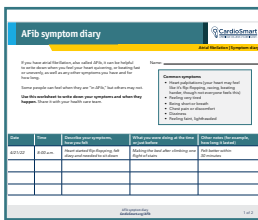
Managing AFib may seem overwhelming at times. The American College of Cardiology has developed information and tools with input from patients and experts to help you. Visit [CardioSmart.org/AFib](https://www.cardiosmart.org/AFib) to download and print these tools.



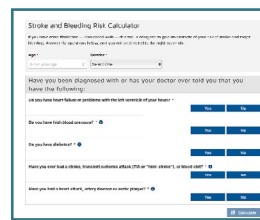
[Keeping Track of Symptoms and How AFib Affects Your Life](#)



[10 Steps You Can Take to Manage Atrial Fibrillation](#)

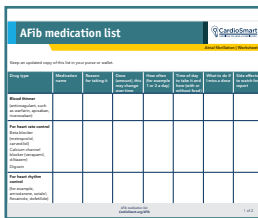


[AFib Symptom Diary](#)
Keep a list of when you feel your heart beating differently or any other symptoms, such as feeling dizzy or overly tired or out of breath.



[Stroke and Bleeding Risk Calculator](#)

If you have AFib, this tool is designed to give an estimate of your risk of stroke and major bleeding. Answer the questions, and you will be directed to the right materials.



[AFib Medication List](#)



[Stroke CardioSmart.org/Stroke](#)

For more:

Mended Hearts

<https://mendedhearts.org>

Heart Rhythm Society

<https://www.hrsonline.org>

StopAfib.org

<https://www.stopafib.org>