

# Atrial Fibrillation: New Guidelines To Prevent Stroke Risk

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Atrial fibrillation, or Afib, is the most common type of arrhythmia, or abnormal heartbeat. Many people with Afib experience a rapid, irregular heartbeat that can be bothersome or even frightening. The condition affects almost three million Americans and is expected to increase to over five million by 2050.

“Atrial fibrillation isn’t typically life-threatening, but it may cause low blood pressure, faintness or fatigue. If left untreated, the condition may lead to congestive heart failure and stroke, even in individuals without symptoms,” says Julie B. Shea, MS, RNCS, FHRS, a nurse practitioner who specializes in electrophysiology, a subset of cardiology that addresses heart rhythm disorders.

## A recent update to atrial fibrillation treatment guidelines

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Options for managing atrial fibrillation vary, ranging from medications that control the heart rhythm or prevent clots to catheter-based ablation procedures that eliminate an area of the heart causing the arrhythmia. The front-line treatments for Afib are blood-thinning drugs, known as anticoagulants, which prevent blood clots and reduce the risk of stroke.

For decades, the gold standard anticoagulant for lowering the risk of stroke in patients with Afib has been warfarin. However, according to the 2019 focused update to the 2014 American Heart Association’s (AHA) Heart Rhythm Society Guidelines for the Management of Patients With Atrial Fibrillation, a newer class of anticoagulants, known as non-vitamin K oral anticoagulants (NOACs), are now recommended over warfarin to reduce the stroke risk in patients with Afib.

## NOACs may be more effective at preventing clots over warfarin

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The non-vitamin K oral anticoagulants include dabigatran (Pradaxa), rivaroxaban (Xarelto), apixaban (Eliquis), and edoxaban (Savaysa).

A wide body of research has shown that this class of drugs may be safer for patients because there is less risk of bleeding, and they may also be more effective at preventing blood clots than warfarin. Unlike warfarin, NOACs don’t require regular blood tests.

The updated treatment guidelines also suggest that NOACs could be used in people at lower risk of stroke than previously thought. Under the new guidelines, patients who have moderate-to-severe mitral stenosis or have an artificial heart valve should still take

warfarin.

## Catheter ablation: a minimally invasive alternative to medication

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“The new guidelines also broadened the number and types of patients who may be eligible for catheter ablation,” according to [William Henry Sauer, MD](#), an electrophysiologist and chief of the [Heart Rhythm Disorders Program](#) at Brigham Health.

[Catheter ablation](#) is an option for individuals who tolerate Afib poorly and who don’t achieve adequate control with medication. The noninvasive procedure involves guiding a small tube through the veins and into the heart, where electrodes are used to eliminate the heart cells causing the abnormal heart rhythm.

A major study cited in the updated guidelines showed that patients with symptomatic Afib and reduced left ventricular function who underwent catheter ablation had a lower mortality rate and reduced hospitalization for heart failure.

## Weight-loss can positively impact atrial fibrillation

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The updated Heart Rhythm Society Guidelines also recommend weight-loss for those with [atrial fibrillation](#), as research has shown that weight reduction can lower the health risks associated with or even reverse Afib, in some cases.

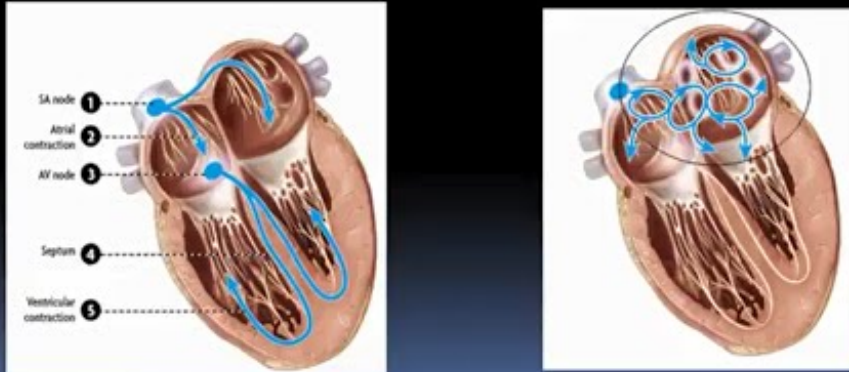
According to Shea, the most important thing a patient with Afib can do to improve their health and lower their risk of stroke is to focus on lifestyle factors, especially the weight-loss component.

“Studies have also shown that management of existing health conditions, such as high blood pressure, diabetes or sleep apnea, can positively impact atrial fibrillation,” adds Shea. “Brigham Health provides all the resources to make sure any conditions are diagnosed and treated appropriately.”

Each individual has unique needs and health concerns, of course, and patients should consult their cardiologist before making any changes to their treatment plan.

— *July 15, 2019*

## Atrial fibrillation mainly occurs in the left atrium



Watch Video At: <https://youtu.be/UccHOU63AT8>

In this video, Julie B. Shea, MS, RNCS, FHRS, discusses atrial fibrillation diagnosis, treatments and research.

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