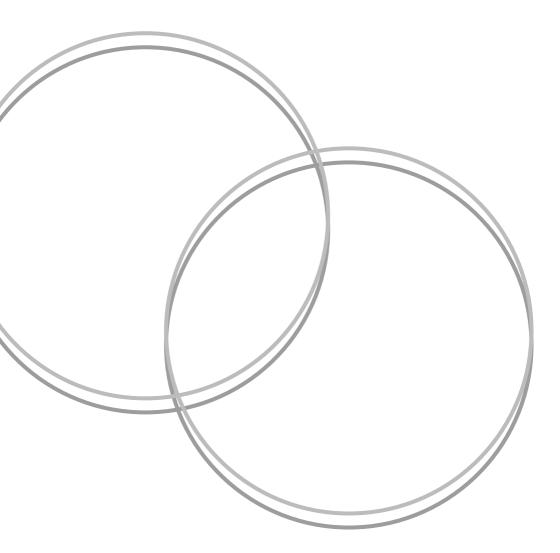


Atrial Fibrillation and Warfarin

Information for patients



What is Atrial Fibrillation?

Normally, the heart beats at a steady, regular rate. If you have atrial fibrillation (usually abbreviated to AF) your heartbeat becomes irregular and sometimes beats faster than usual.

AF is the most common heart rhythm disturbance. It affects approximately 1 million people in the UK alone. In the over 75 age group it affects about 10% of people (10 in every 100).

What are the symptoms?

You may experience some or all of the following symptoms:

- palpitations (being aware of your heartbeat)
- breathlessness
- dizziness or light-headedness
- tiredness and fatigue.

Sometimes symptoms are very mild (or you may have no symptoms at all) and your AF is only noticed during a routine check-up, such as a blood pressure check.

What causes AF?

There are several factors that may cause AF, including:

- common heart conditions, such as coronary heart disease
- heart valve disorders
- high blood pressure
- drinking too much alcohol
- overactive thyroid gland.

Very often, however, there is no obvious cause and the reason for your AF may not be known.

What are the risks of AF?

The main risk of AF is an increased chance of having a stroke. Due to the irregularity of your heartbeat, blood does not flow through your heart as smoothly as it should. This may encourage blood clots to form, which can then travel in your blood stream to your brain, causing a stroke. AF is the single most powerful risk factor for a stroke, increasing your risk of a stroke by nearly 500% (5 times more likely).

What does warfarin do?

Warfarin works to stop your blood clotting as quickly as it usually does. This is called anticoagulation. It prevents blood clots forming as easily and therefore reduces the risk of a stroke. Warfarin can more than half the risk of stroke in people with AF (by up to 68%).

What does warfarin treatment involve?

Whilst taking warfarin you will have a regular blood test at your GP surgery. The test is called the INR (or International Normalised Ratio). This is a measurement used to work out how long it takes your blood to clot. If you are not taking warfarin your INR would normally be around 1.0. The longer it takes your blood to clot, the higher the INR measurement.

The aim is to give you enough warfarin to keep your INR between 2.0 and 3.0. The daily dose of warfarin required to do this varies from person to person.

When you first start taking warfarin, you will need to have frequent INR tests. However once your INR level becomes stable you will need to have these less often.

How long will I need to take warfarin for?

The length of time that you will need to take warfarin depends on your individual circumstances and treatment plan. It is important to remember that warfarin is for stroke prevention and is not a treatment for your AF.

What treatments are there for AF?

There are a number of treatments currently available for AF. The best treatment for you depends on your individual circumstances and should be discussed with your GP or specialist.

- You may be given medications to treat your AF. This would be drugs to either control your heart rate (such as digoxin or beta-blockers) or to restore the normal heart rhythm, known as 'sinus rhythm' (such as amiodarone).
- If your episodes of AF are affecting your quality of life, you may be considered for a procedure such as a cardioversion or ablation. These procedures aim to restore the heart to its normal 'sinus' rhythm.

Should I take aspirin whilst taking warfarin?

If you are taking a regular aspirin tablet you should be aware that this may increase the risk of bleeding problems when you start taking your warfarin. For this reason it is important to discuss with your GP or specialist whether you should continue to take aspirin once you start warfarin.

You will find more information in the leaflet '**Atrial Fibrillation** (**AF**) **Patient Information**' which is published by the Atrial Fibrillation Association.

Website: www.atrialfibrillation.org.uk

Contacting us

If you have any questions, or would like to discuss your warfarin treatment, please contact the Anticoagulation Team.

Nuffield Orthopaedic Centre

Telephone: **01865 857 555** (Monday to Friday, 9am to 5pm)

Horton General Hospital

Telephone: **01295 229 224** (Monday to Friday, 9am to 5pm) Email: <u>AC.Services@ouh.nhs.uk</u>

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Thrombosis Team July 2024 Review: July 2027 Oxford University Hospitals NHS Foundation Trust www.ouh.nhs.uk/information



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