

# Atrial Fibrillation and Anticoagulation Therapy

**This leaflet offers more information about atrial fibrillation for patients who have been advised that they need anticoagulation therapy. If you have any further questions or concerns, please speak to the staff member in charge of your care.**

## What is atrial fibrillation and why have I got it?

Atrial fibrillation (AF) is an irregular heartbeat which can last a few minutes or hours or can become permanent. The irregular heart beat disturbs the blood flow in the chambers of the heart which can lead to blood clots (thrombi). Small pieces of blood clot may break off and could cause a stroke if they block a blood vessel in the brain.

About one in ten people over 60 years of age is affected by AF. AF may be caused by:

- rheumatic heart disease
- congestive heart failure
- coronary artery disease
- cardiomyopathy (a general term for diseases of the heart muscle)
- hypertension
- diabetes
- overactive thyroid
- excess alcohol and caffeine.

Sometimes we can find no cause for AF and when this happens it is called “lone AF”.

## What are the signs and symptoms?

Some people have no symptoms and may not know they are in AF while others may feel tired, short of breath, dizzy or have palpitations.

## Do I need any tests to confirm the diagnosis?

AF is usually diagnosed by your GP, a cardiologist or a doctor treating you for another condition. It is confirmed by doing an electrocardiogram (ECG).

## What treatments are available?

You may be started on medication to control your heart rate and/or rhythm. You may also be started on medication to reduce the risk of blood clots. This is called anticoagulation and it does not treat the AF itself. Anticoagulation slows down the blood clotting process to make it less likely to form a clot in the heart which may then travel to the brain and cause a stroke.

Warfarin, rivaroxaban, dabigatran, apixaban and edoxaban are all anticoagulants used for stroke prevention for patients with AF. If you are under 60 and have lone AF, your risk of having a stroke is much lower so anticoagulation is not usually needed.

You may be given defibrillation (electrical cardioversion) which means you are put under a light anaesthetic and your heart is given an electric shock to try to make it go back into a regular rhythm. If defibrillation is going to be used, you will need to have anticoagulation medication for at least one month before the defibrillation and one month afterwards. This will allow any clots to break up and go away and will cut down the risk of new ones forming which could break off during defibrillation.

If your defibrillation works then your anticoagulation may be stopped four to six weeks later at a follow up cardiac appointment.

## **What happens if I do not get treatment?**

Taking anticoagulants reduces the risk of a stroke by up to 70 per cent. Anticoagulants have been shown to be more effective at reducing strokes than aspirin which is no longer recommended for stroke prevention.

## **Are there any side effects?**

One to two per cent of patients on anticoagulants may have a serious bleeding episode each year. Your anticoagulant clinic will give you advice about what to do if bleeding occurs.

This risk of bleeding is outweighed by the benefit of stroke prevention described above.

## **How do I take the medicine?**

If you start taking warfarin for AF you will need regular blood tests to check your international normalised ratio (INR). We aim to keep this between 2 and 3, which means that your blood will take two to three times longer to clot than normal.

Your warfarin dose will be changed according to your INR so you will need a blood test once or twice a week at first until your warfarin dose is stable. We will then increase the time between your tests as your warfarin levels stabilise. For more information about warfarin please refer to your yellow anticoagulant record book.

For people starting rivaroxaban you will take one tablet daily with food. Edoxaban is also taken once daily, but can be taken with or without food.

For patients taking dabigatran or apixaban you will take one tablet twice a day. The doses of these medicines do not change and you do not need blood tests as INR monitoring is not needed.

## Is there anything else I need to know?

When you are started on an anticoagulant you will normally be advised to stop taking aspirin. If you need to continue taking aspirin, you will be informed by your cardiologist. You should take all of your other medications as directed by your prescribing doctor.

## What is the initiation of anticoagulation clinic at St George's Hospital?

You may have been referred by your GP or a specialty for initiation of anticoagulation. You will be reviewed by a member of the anticoagulation team who will check if you are suitable to be started on an anticoagulant. If you are started on warfarin you will be given an initial supply and then it is your responsibility to request further supply from your GP.

You will then have regular follow up appointments at St George's Hospital to monitor your INR. You will also be given an anticoagulant information pack and, if started on warfarin, an anticoagulant record book where your dose of warfarin and next appointment will be recorded.

If you are started on rivaroxaban, dabigatran, apixaban or edoxaban, you will receive three months' supply from St George's Hospital and will then need to get further supplies from your GP. You will also be asked to attend a follow up appointment to review your anticoagulation and if suitable you will be then discharged to your GP.

You will be able to ask any questions you may have about anticoagulation in your appointments.

If you are on warfarin you may be able to switch to using our open access anticoagulant clinics which have a more flexible appointment system, once your anticoagulation is stable. You may also be monitored by your GP.

## Useful sources of information

You may find it useful to visit: [www.nhs.uk/Conditions/Atrial-fibrillation](http://www.nhs.uk/Conditions/Atrial-fibrillation)

## Contact us

If you have any questions or concerns about your anticoagulation therapy, please contact the anticoagulant sister on 020 8725 5443 (Monday to Friday, 9am to 4pm). Out of hours, please contact the switchboard on 020 8672 1255 and ask for the haematology specialist registrar on call.

If your warfarin treatment is to be monitored at another hospital please seek advice from your own anticoagulant clinic.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: AAE\_AAF\_01 Published: July 2019 Review date: July 2021