

**Additional Q&A  
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Ask the Expert**

**Gender and Atrial Fibrillation: What You Need to Know About Symptoms,  
Treatment and Prognosis**

**How do I know if I am having an episode of AFib?**

Symptoms of atrial fibrillation (AFib) can be rather broad and nonspecific. However, the most common symptoms are palpitations (a sense of feeling the heart beat or feeling the heart beat irregularly) and dizziness. Many people have no symptoms. If you are unsure, it is best to be seen by your primary care doctor or a cardiologist who can evaluate you with a physical exam and ECG.

**Can atrial flutter turn into AFib?**

Atrial flutter is a similar heart rhythm to atrial fibrillation. Rather than chaotic disorganized signals in the upper chambers of the heart (which cause AFib), atrial flutter is caused by an abnormal electrical circuit in the upper chambers. It does increase the likelihood that a person will have AFib, and a prolonged episode of atrial flutter can turn into AFib in a person with risk factors for AFib.

**Does very low blood pressure and heart rate affect AFib treatment?**

Yes – low blood pressure can affect AFib treatment, especially if using a “rate-control” approach, because many of the medications we use for lowering heart rate also lower blood pressure. For this reason, in patients with lower blood pressures and AFib, we tend to prefer a rhythm control strategy.

**Is rapid ventricular response a serious type of AFib?**

Rapid ventricular response (“AFib with RVR”) refers to when the heart beats at a very fast rate during Afib (generally > 110 beats per minute, but often as high or higher than 170). This occurs:

1. When someone is not on medical therapy for AFib
2. When there is some other outside factor causing stress on the body (infection, electrolyte abnormalities, etc.)

AFib with RVR is harmful because having a rapid heart rate can make someone more symptomatic and, also, if the RVR lasts for a long time (in the order of weeks), this can cause heart failure/heart muscle weakness.



**Is it recommended to get second opinions regarding drug therapy and/or procedures? If I hear two radically different approaches, how do I determine which is best for my condition? Or is there a standard protocol?**

In general, I don't usually recommend obtaining a second opinion, although I encourage it if a patient desires one. There are guidelines released by the American College of Cardiology and the Heart Rhythm Society that help guide treatment – these are documents that are released every few years and are generated by experts in the field after extensive review of the literature.

You might receive different recommendations from different electrophysiologists because the guidelines allow for some decision making to be made based on patient characteristics or preferences. In addition, there are some electrophysiologists who approach AFib in a more conservative manner (medications vs. ablation) and others who are quicker to recommend ablation. It is important to discuss the risks and benefits of any treatment strategy with your doctor, no matter what your doctor's recommendation is.

**Should I avoid certain foods or herbs if I am taking standard AFib medications?**

Yes and no. It depends on which medications you take (and it's one of the reasons we have pharmacists and nutritionists in our [Inova AFib Center](#)). For the most part, I recommend that you aim to eat a heart-healthy diet, including fruits and vegetables, whole grains, low-fat or fat-free dairy products, lean proteins, and foods low in salt, added sugars, saturated fat and trans fat.

**Can one use turmeric, garlic, ginger, etc., that have blood thinning effects if one is on a blood thinner? Would turmeric capsules be too much? (It helps with inflammation.) Is normal seasoning okay?**

Use of these seasonings and supplements is okay if you are taking a blood thinner medication. The only exception is if the medication is warfarin. In that case, a high-dose turmeric capsule **might** increase the blood thinner levels. This has not been well studied, however, and I recommend speaking with a pharmacist if this is an issue for you.

**Does inflammation contribute to AFib as it does to other diseases? Would eating fewer inflammatory foods help?**

If a patient has a history of AFib, an elevated "inflammatory state" – infection, stress, etc., can increase the risk of having another AFib episode. However, people with AFib have different individual triggers.



**My doctor would not recommend any antivirals due to contraindications to the blood thinner and to the rhythm control meds. I'm surprised there isn't an antiviral for the heart patients who get COVID-19! We are among the most vulnerable mentioned from day one. Do you have any news on the reformulation of the antivirals?**

My assumption is that you are referring to the medication Paxlovid, which, unfortunately, has some clinically relevant drug-drug interactions with many of the most common antiarrhythmic medications (amiodarone, flecainide, propafenone). I am not aware of plans for reformulation of the medication to allow for its use in people on antiarrhythmic medications.

**Does an AFib patient need both a cardiologist and an electrophysiologist? Why or why not?**

If you have not previously been diagnosed with AFib and are worried that you are at risk for it or have symptoms that are concerning for it, it would be reasonable to be seen by a regular cardiologist who can evaluate and determine whether you are experiencing AFib. Every patient with diagnosed AFib should ideally be referred to an electrophysiologist.

**Is it necessary to continue taking antiarrhythmics and blood thinners if cardioversion is still working for almost one year? Can one lessen the amount?**

In a very select group of individuals – those with lower CHADS<sub>2</sub>VASC score (0 or 1), it may be possible to discontinue the blood thinner. For the vast majority of individuals, however, blood thinners should be continued.

**What can be taken for pain (toothache, arthritis, etc.), since all drugs like Advil are prohibited? Are massage therapy and or acupuncture good options? Or other complementary therapies?**

In my practice, I am okay with patients continuing to take over-the-counter pain medications even if they are on blood-thinning medication. These medications (Advil, Motrin, Tylenol) are safe unless taken excessively.

**Can AFib be triggered by something as simple as lying on a particular side, raising arms overhead, etc?**

No.



### **Do heart murmurs have any effect on AFib?**

In general, no. However, a heart murmur can be indicative of heart valve disease. There are certain types of heart valve disease (mitral valve disease, for example) that increase the risk of AFib.

### **What are the symptoms of sleep apnea? How does it contribute to AFib?**

Sleep apnea is a common sleep disorder in which the upper airway becomes blocked many times during sleep, thus reducing or completely stopping airflow. The most common symptoms of sleep apnea include daytime sleepiness, snoring and gasping for air during sleep. While it's a known risk factor for AFib, the exact reasoning isn't entirely known. Prolonged periods of low oxygenation due to sleep apnea certainly put the cardiovascular system under stress.

### **Is it common to suffer from dizziness when one has AFib? Is dizziness an indicator?**

Yes, dizziness is a common symptom of AFib. (However, note that there are many causes of dizziness that are not heart-rhythm related.) People who have recurrent episodes of dizziness should seek evaluation by their primary care doctor or cardiologist, so they can be screened for AFib.