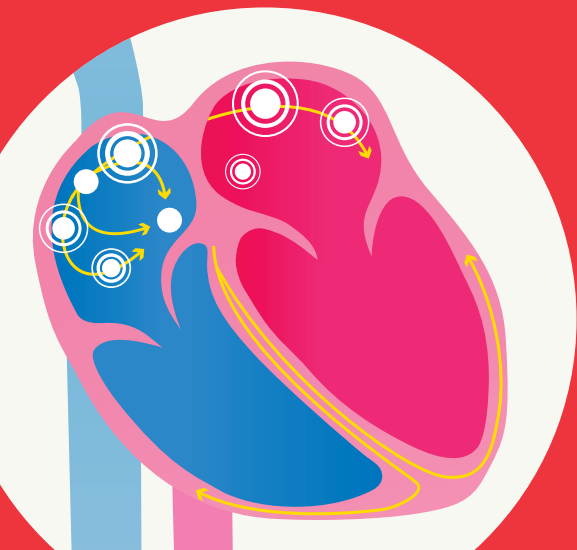


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British Heart  
Foundation

# Understanding **atrial** **fibrillation**



## About this booklet

If you or a loved one have been diagnosed with atrial fibrillation, it can be a worrying time.

This booklet is a starting point. It can help you find out:

- what it means to have atrial fibrillation
- how to manage atrial fibrillation
- how to look after your heart and where to get support.

It can feel overwhelming to be given lots of information about your heart. Please use this booklet when you're ready. There's no need to read it all at once.

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## What is atrial fibrillation?

Atrial fibrillation is a type of abnormal heart rhythm (arrhythmia). This is when your heart does not beat regularly. Your heart may also beat too quickly, or too slowly.

If your heart does not beat regularly then blood is not pumped around your body as well as it should be.

You may hear atrial fibrillation being called AFib or AF for short.

Watch our short video explaining atrial fibrillation at [bhf.org.uk/afib](https://bhf.org.uk/afib)

## Facts about atrial fibrillation

Most people with atrial fibrillation have no symptoms

With the right treatment and lifestyle, you can live well with atrial fibrillation

Atrial fibrillation can happen to anyone, even if you're fit and well

More than 1.6 million people in the UK have atrial fibrillation

## How does my heart beat?

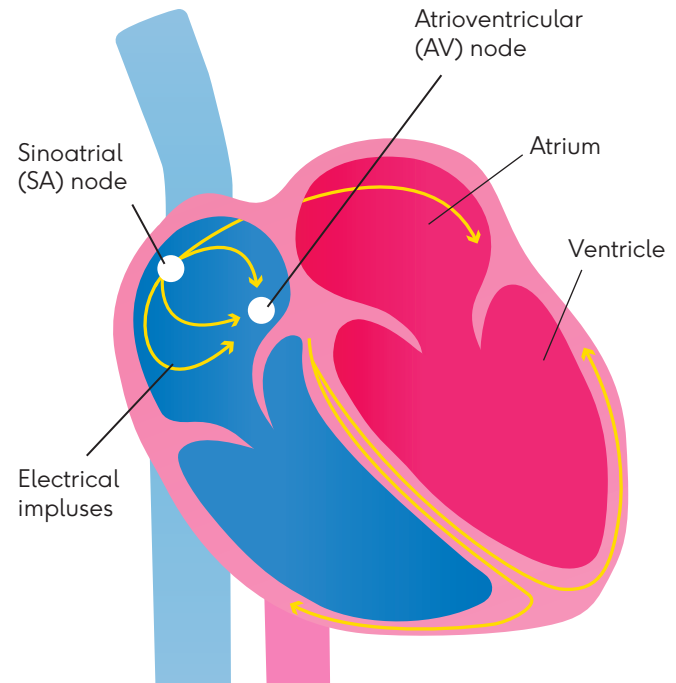
Your heart needs to beat regularly to help pump blood around your body.

There are electrical impulses in your heart that help it to beat regularly and in time.

The electrical impulses are sent by your sinoatrial (SA) node. They travel across the top chambers (atria), causing them to contract (squeeze) and pump blood into the bottom chambers (ventricles).

You also have an atrioventricular (AV) node that sits between the top and bottom chambers of your heart. The AV node slows down the impulses for a very short period of time. This helps make sure your atria have enough time to pump out blood (contract).

## Heart with normal electrical impulses

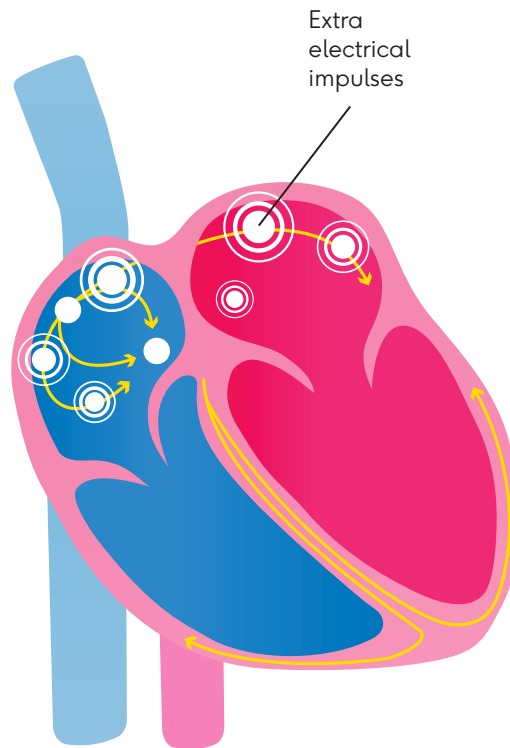


If you have atrial fibrillation, you have extra electrical impulses that start in the top chambers of your heart (atria).

These extra impulses are uncoordinated and cause your heart to twitch (or fibrillate).

This twitching causes an irregular and sometimes fast heartbeat (abnormal heart rhythms). When this happens, it may be called an atrial fibrillation episode.

## Heart with atrial fibrillation



## Are there different types of atrial fibrillation?

There are different types of atrial fibrillation:

- **Paroxysmal atrial fibrillation** is when you have one or more episodes in seven days. They usually stop without treatment.
- **Persistent atrial fibrillation** is when you have one or more episodes for more than seven days. You'll usually need treatment.
- **Long-standing atrial fibrillation** is when you've had continuous atrial fibrillation for a year or more.
- **Permanent atrial fibrillation** is when you live with atrial fibrillation long-term, even after having treatment. You may continue to have treatment to lower your risk of having a stroke.

Speak to your doctor if you're not sure what type of atrial fibrillation you have.

## What are the symptoms of atrial fibrillation?

Some people with atrial fibrillation have symptoms, and some do not. You may be more likely to have symptoms if you're older.

If you have symptoms, they can include:

- palpitations, feeling like your heart is racing, pounding, fluttering or you have missed heartbeats
- chest pain or discomfort (angina)
- finding it difficult to exercise
- feeling more tired than normal
- shortness of breath
- dizziness or feeling faint.

Speak to your doctor if you have any of these symptoms or your symptoms are getting worse.

You may be more likely to trigger an atrial fibrillation episode and symptoms if you:



**drink too much alcohol**



**are living with excess weight**



**drink lots of caffeine**



**eat very spicy food**



**smoke**



**take illegal drugs, such as amphetamines or cocaine.**

## How do I know if I have atrial fibrillation?

Most people will find out they have an irregular heart rhythm when a healthcare professional is checking their pulse during a health appointment.

You can also check your own pulse (see page 14).

A normal heart rate is steady and usually between 60 and 100 beats per minute when you're resting. If you have atrial fibrillation your pulse will usually have no set pattern, and the beats may have different strengths.

It's important to sit down and avoid caffeine or smoking just before checking your pulse.

Contact your GP if you notice that your pulse is not steady or has no set pattern.

## How to check your pulse

### Step 1

Hold one arm out with your palm facing up, keeping your elbow slightly bent.

### Step 2

Put the first two fingers of your other arm on the wrist of your outstretched arm, just below where your thumb connects to your wrist.

Press your fingers firmly against your skin.

### Step 3

You should feel a light beat or throbbing feeling. Using a clock or timer on your phone, count the number of beats for 30 seconds.

Double that number to get your heart rate in beats per minute.



More find information at  
**[bhf.org.uk/checkyourpulse](https://bhf.org.uk/checkyourpulse)**



### Smart watches and apps

Devices like smart watches and apps on your phone can track your pulse and heart rate.

They can be useful to find out if there's an issue with your heartbeat, but they cannot replace medical tests or give you a diagnosis.

Speak to your doctor if you're worried about your pulse or heart rate.

## How is atrial fibrillation diagnosed?

If your GP thinks you may have atrial fibrillation, they will check your pulse and send you for more tests.

These may include:

- an electrocardiogram (ECG) to look at the electrical activity of your heart
- an echocardiogram (echo) to take pictures of how your heart is working
- a chest X-ray to take a picture of your heart, lungs and ribs
- blood tests
- an implantable loop recorder.

You may need an ECG that takes longer than a normal ECG. You'll wear a small monitor for 24 hours or more.

You can go about your normal daily activities while you're wearing it. You'll be given more information on this.

You can read about these tests on our website: [bhf.org.uk/tests](https://www.bhf.org.uk/tests)

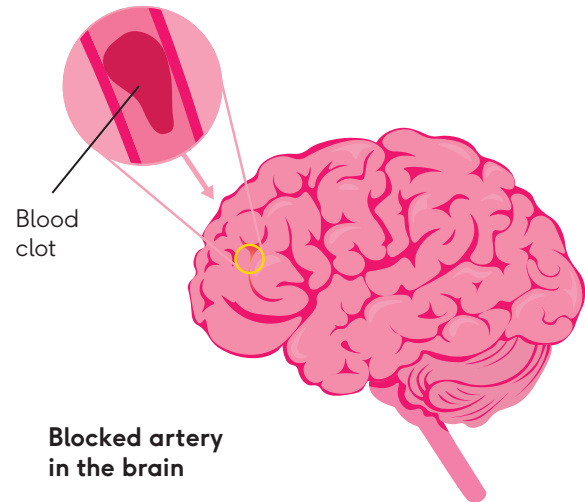
## Is atrial fibrillation dangerous?

Atrial fibrillation is not life-threatening.

But having atrial fibrillation does mean you have an increased chance of having a stroke in the future.

Because blood is not being pumped around your heart as well as it should, it can cause some extra blood to sit inside your heart. This can lead to a blood clot.

If the blood clot travels from your heart to your brain, it can cause a stroke.



Over time, if you do not have treatment, it can also lead to heart failure. Heart failure is when your heart cannot pump blood around your body as well as it should. It does not mean your heart has stopped working but you may need support to help it work better.

However, with treatment these risks can be reduced.

## How do I know what my risk is?

If you're diagnosed with atrial fibrillation your doctor should check your risk of having a stroke. This will help decide whether you need medicine to reduce your risk of a stroke.

This assessment is called a CHA<sub>2</sub>DS<sub>2</sub>-VASc score. It looks at:

- your age
- how well your heart is working
- if you've had a stroke before
- whether you have certain health conditions, like high blood pressure.

If you score 1 or more then you will usually be offered anticoagulant medicines to reduce your risk of having a stroke (see page 30).

## Signs and symptoms of a stroke

It's important to know the signs and symptoms of a stroke.

- **Face weakness.** One side of your face may fall (droop) and it might be hard to smile.
- **Arm weakness.** You may not be able to fully lift both arms and keep them there because of weakness or numbness in one arm.
- **Speech problems.** You may slur your words or sound confused.

**A stroke is a medical emergency.**  
**If you see any one of these signs,**  
**call 999 for an ambulance.**

## Atrial flutter

Some people with atrial fibrillation also have atrial flutter.

Atrial flutter is another type of arrhythmia (abnormal heart rhythm). It causes your heart to beat much faster than it should (around 300 beats per minute instead of 60 to 100).

You may get periods of atrial flutter followed by episodes of atrial fibrillation.

If you have atrial flutter, you may have a higher risk of other heart conditions or a stroke and you may need treatment.

Find out more about atrial flutter at **[bhf.org.uk/conditions](https://bhf.org.uk/conditions)**

## Get support with your diagnosis

Being told you have a heart condition and could have a higher risk of a stroke can be scary.

Talking it through can help you and your loved ones to understand your condition and what it means for you.

Find out how we can support you on page 56. You can also call our Heart Helpline to speak to one of our cardiac nurses.



Call 0808 802 1234 (freephone)  
or email [hearthelpline@bhf.org.uk](mailto:hearthelpline@bhf.org.uk)  
Our Helpline is open weekdays 9am  
to 5pm (excluding bank holidays).

## What causes atrial fibrillation?

It's more common if you have certain heart conditions:

- **High blood pressure (hypertension)** is when the pressure inside your arteries is always higher than it should be. This means your heart has to work harder to pump blood around your body.
- **Coronary heart disease** is when the blood supply to your heart is reduced or blocked because of a build-up of fatty material inside your coronary arteries.
- **Heart valve disease** is when one or more of your heart valves do not work like they should. This affects how blood flows around your heart and means your heart has to work harder than normal.

- **Congenital heart disease** is a problem with the heart's structure that's there from birth. This means it develops in the womb, before a baby is born.
- **Pericarditis** is when the lining around your heart is inflamed (swollen) and it can cause chest pain or discomfort.
- **Cardiomyopathy** is a disease of the heart muscle which affects its size, shape or thickness. There are different types of cardiomyopathies.
- **Sick sinus syndrome** is a type of heart rhythm disorder. It affects the sinoatrial (SA) node in your heart and causes a slow heartbeat, irregular heartbeat or pauses in your heartbeat.

Find more information on these conditions at [bhf.org.uk/conditions](https://bhf.org.uk/conditions)

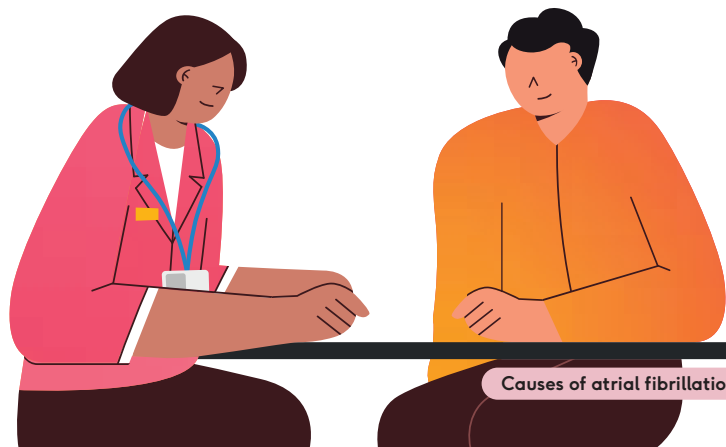
You may also be more likely to have atrial fibrillation if you have:

- type 2 diabetes
- thyroid conditions, like an overactive thyroid
- lung cancer
- pneumonia
- asthma
- pulmonary embolism
- carbon monoxide poisoning
- been living with excess weight
- had surgery to your heart
- overused alcohol, smoking and recreational drugs.

Find out more about these conditions at **nhs.uk**

You may not have one of these risk factors or conditions but will still get atrial fibrillation. When no cause can be found, it's called lone atrial fibrillation.

Atrial fibrillation can be passed down through families. If someone in your family has atrial fibrillation and you're concerned about your risk, talk to your GP.



## How is atrial fibrillation treated?

Treatment can help manage atrial fibrillation and reduce your risk of a stroke in the future. You may have more than one treatment.

The first step is to try to find the cause of your atrial fibrillation. If a cause can be found, you may only need treatment for this. For example, if it's caused by an overactive thyroid.

Treatments for atrial fibrillation include:

- medicine
- catheter ablation
- cardioversion
- having a pacemaker fitted.

Discuss your options with your doctor and what it means for you.

## Medicine

Medicines can be given to control your heart rate and reduce your risk of a stroke. Normally you will have more than one.

Medicines to control your heart rate include:

- **beta blockers**
- **calcium channel blockers**
- **digoxin**
- **flecainide**
- **sotalol**
- **amiodarone**
- **dronedarone.**

Find more information on these medicines at **[bhf.org.uk/medication](https://bhf.org.uk/medication)**

You may also be prescribed anticoagulant medicines. They stop your blood from clotting and reduce your risk of a stroke. You may hear anticoagulants called 'blood thinners'.

Anticoagulants you may have include:

- **apixaban**
- **dabigatran**
- **edoxaban**
- **rivaroxaban**
- **warfarin.**

You'll be given an alert card that you should carry with you at all times. It lets other healthcare professionals know that you're taking a blood thinner.

It's important to take your anticoagulant medicine as it will reduce your risk of having a stroke.

Many people find it hard to take medicine every day. But there are simple steps to make it easier:



Get into a routine



Give your body time to get used to medicine



Be mindful of your mental wellbeing



Speak to your pharmacist or GP before taking other medicines or supplements as they can interact with your medicine



Plan your medicine if you go away



## Medicines to avoid if you're taking warfarin

If you're taking warfarin you may need to avoid:

- medicines that reduce pain and inflammation (called NSAIDs) – such as ibuprofen, naproxen, diclofenac and higher-dose aspirin
- some antibiotics.

Your GP or pharmacist can give you more information on medicines you need to avoid. Speak to your GP about what pain relief you can take.

## Appointments when you're taking warfarin

Blood thinners make your blood clot more slowly. You'll need regular blood tests to check you're having the right dose of warfarin.

The blood test measures how long it takes your blood to clot.

Your blood test will usually be once a week at your GP surgery or local clinic until your levels are stable. Some people can check their blood levels at home. Speak to your doctor to find out if this is possible for you.

If you're taking another type of blood thinner you may not need regular appointments to check your blood.

### **Pill in the pocket**

Some people with atrial fibrillation do not need to take medicine every day.

If you rarely have atrial fibrillation episodes your doctor may give you medicine to take next time you're having an atrial fibrillation episode. This will help stop the atrial fibrillation episode and get your heart rhythm back to normal.

This is called a pill in the pocket.

## **What can I do about side effects?**

Most people taking medicine for atrial fibrillation do not experience any side effects.

However, for some people side effects can have a big impact on their daily life. Side effects can be caused by your medicine but could also be caused by other things such as your condition, stress or a change in your lifestyle.

It's worth bearing in mind that symptoms with any medicine may improve over time or even disappear.

If you're struggling with the side effects of your medicine, it's important not to stop taking it before speaking to a healthcare professional.

Speak to your GP or a pharmacist. They can:

- find out if your medicine is causing the side effects
- help you manage side effects
- change the dose of your medicine if appropriate
- prescribe a different type of medicine
- recommend an alternative treatment.

If you're worried about side effects, talk to one of our cardiac nurses.



**Call 0808 802 1234 (freephone)  
or email [hearthelpline@bhf.org.uk](mailto:hearthelpline@bhf.org.uk)  
Our helpline is open weekdays,  
9am to 5pm (excluding  
bank holidays).**

## Ablation

Catheter ablation, or ablation, is a procedure to stop parts of your heart sending extra or abnormal electrical impulses.

It involves very carefully using hot or cold energy to destroy or scar small areas of tissue in your heart. This blocks the extra impulses that are causing an arrhythmia.

The procedure can take up to four hours, but it may take much less time.

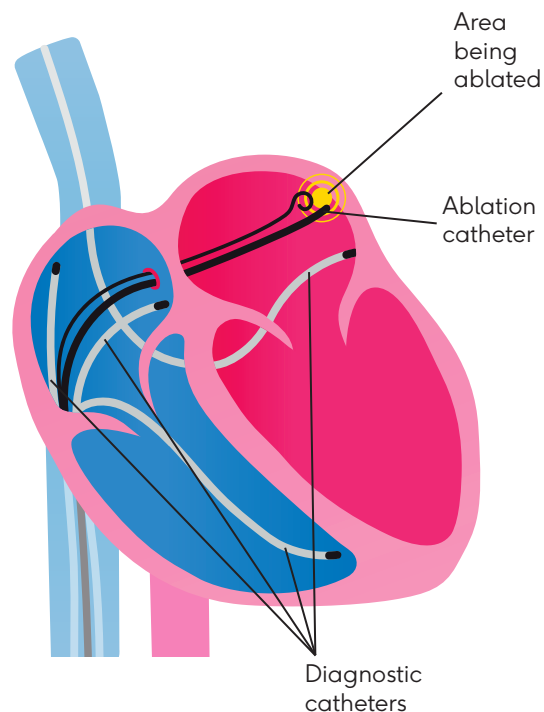
Depending on how long it will take, you will either be given local anaesthetic (you're awake) or general anaesthetic (you're asleep). You will not feel any pain with either option.

During the procedures flexible tubes (catheters) are put into a small cut in your wrist or the top of your leg (groin). They're then guided to your heart to record the electrical activity.

Once the area in your heart sending abnormal electrical impulses is found, an energy source is used to burn or freeze the tissue.

You may be more likely to have ablation if you have very fast heart rhythms or if medicine is not working.

Find out more about ablation at **[bhf.org.uk/ablation](http://bhf.org.uk/ablation)**



## Cardioversion

Cardioversion involves giving your heart controlled electrical energy (a shock) to get your heart back into a normal rhythm.

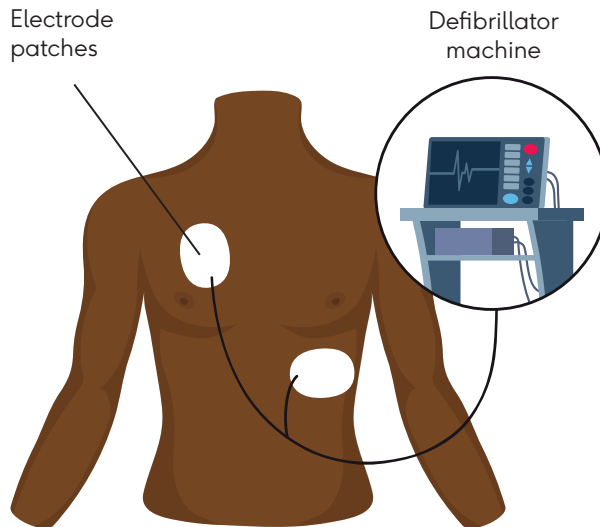
It can be done as a planned treatment (elective) or as an emergency (acute). In some cases, cardioversion may only restore a normal rhythm for a short while.

There are two types of cardioversion:

**Pharmacological cardioversion** (also known as chemical cardioversion) is when you're given medicine to get your heart back to a normal rhythm. The medicine may be swallowed or injected (intravenously).

**Electrical cardioversion** is when a machine (defibrillator) gives you controlled electrical shocks to your heart. Electrical signals are sent to your heart through sticky pads attached to your chest.

## Electrical cardioversion



Find out more about cardioversion at [bhf.org.uk/cardioversion](https://www.bhf.org.uk/cardioversion)

## Pacemaker

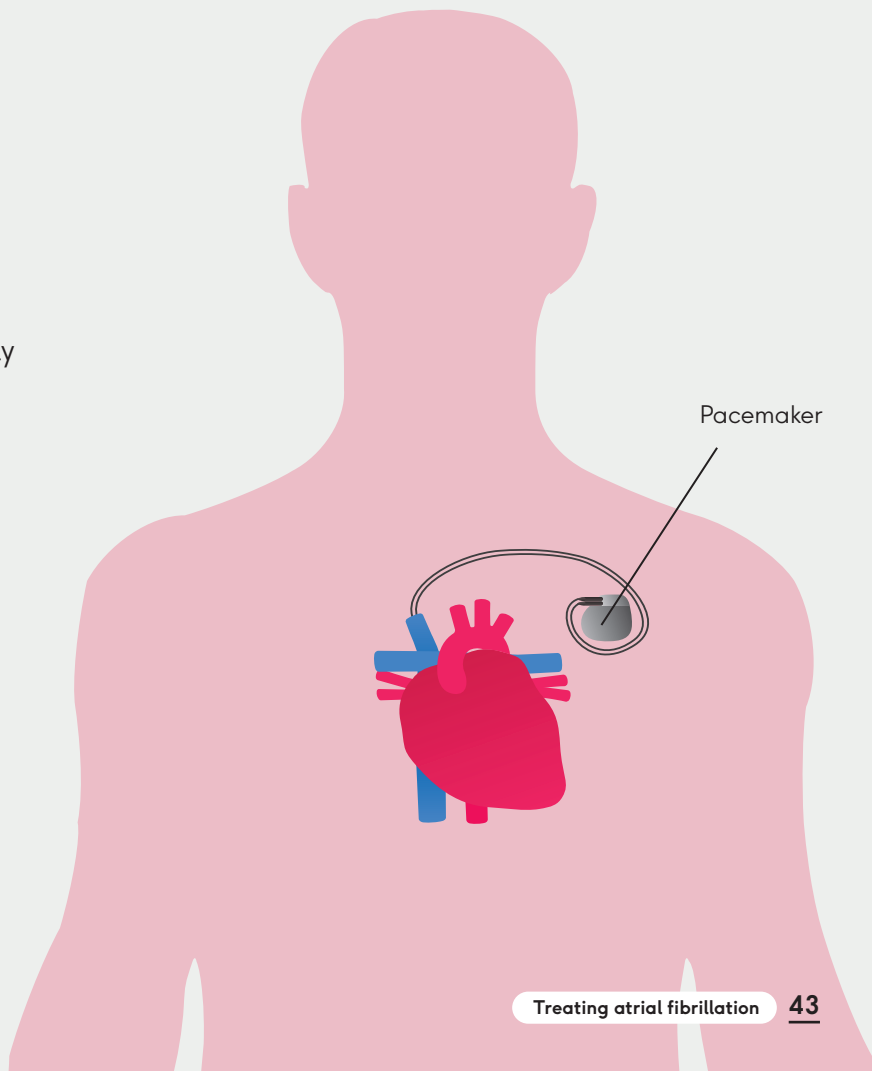
Some people with atrial fibrillation need a pacemaker. If you're having a catheter ablation procedure or taking certain medicines, you may be more likely to have a pacemaker fitted.

A pacemaker is a small device that's usually put under your skin below your collarbone.

It helps your heart beat at a normal rate and can help it to pump better.

You'll have a pacemaker fitted in hospital. You'll be given local anaesthetic – this means you're awake, but you should not feel any pain.

Find out more about pacemakers at [bhf.org.uk/pacemakers](https://www.bhf.org.uk/pacemakers)



## Which treatment is best for me?

Everyone's treatment for atrial fibrillation is different as it's based on their individual condition and situation.

You may have more than one treatment option to choose from. Your doctor will explain the benefits and possible side effects of each of them to you before you decide.

Because there are different treatment options for atrial fibrillation, you may try a few before you find the best option for you. This can be frustrating, but it will help you manage your condition better.

It's important not to stop taking your medicine if your symptoms stop. Your medicine helps reduce the chance of your symptoms coming back and protects you from other serious conditions, like a stroke.

## Living with atrial fibrillation

When you're told you have a heart condition it can be scary and overwhelming.

Atrial fibrillation will affect your life but it's a manageable condition. With the right treatment and lifestyle, you can live well.

Speak to your healthcare team. They can answer any questions you have so you can feel in control of your condition.

Call our Heart Helpline to speak to our cardiac nurses.



**Call 0808 802 1234 (freephone)**  
or email [hearthelpline@bhf.org.uk](mailto:hearthelpline@bhf.org.uk)  
Our helpline is open weekdays,  
9am to 5pm (excluding  
bank holidays).

You can also speak to our nurses using the live chat feature. Find out more at [\*\*bhf.org.uk/helpline\*\*](https://bhf.org.uk/helpline)

## Making lifestyle changes

Simple lifestyle changes can help manage atrial fibrillation.

These include:



**maintaining a healthy weight**



**eating a healthy, balanced diet**



**limiting how much alcohol you drink (under 14 units per week)**



**stopping smoking and using other tobacco products**



**controlling high blood pressure and high cholesterol.**

Thinking about changes to your daily life can feel overwhelming. But there are lots of small changes you can make today to lower your risk.

You could commit to making one swap this week. By making lots of smaller changes you're more likely to stick to them.

Remember that small changes build up to make a big difference.

You can find lots of easy swaps in our **Understanding your heart health** booklet.

Order your free copy at  
**[bhf.org.uk/publications](https://bhf.org.uk/publications)**



## Driving

Some people may need to stop driving for a short while after being diagnosed with atrial fibrillation, but most people will be able to return to driving.

It's important not to drive if your condition stops you from being able to safely stop or control a car.

You'll need to tell the Driver and Vehicle Licensing Agency (DVLA) about your condition if:

- you're not able to safely stop or control a car
- your atrial fibrillation is not controlled for at least four weeks
- you do not know what is causing your atrial fibrillation.

You can usually start driving again once you know what's causing your atrial fibrillation and it's been under control for four weeks or more.

Talk to your doctor and the DVLA about your individual situation and driving.

You can find more information on driving, including options if you cannot drive, at **[bhf.org.uk/driving](https://www.bhf.org.uk/driving)**

## Exercise

It's normal to worry about exercising with atrial fibrillation. Exercise can improve your confidence and heart health.

It's important to speak to your doctor about your individual situation and how to exercise in a safe way.

If you are having an atrial fibrillation episode or symptoms, it's better to wait until your symptoms have stopped.

If you have atrial fibrillation all the time (persistent) then you can exercise if your heart rate is under control, your treatment is stable and you feel generally well.

Here are some tips for exercising with atrial fibrillation:

- ✓ Build exercise up gradually over time.
- ✓ Break your exercise up into smaller chunks so it's more manageable.
- ✓ Do a warm-up before exercise and a cool-down after.
- ✓ Stop exercising if you feel breathless, have chest pain or dizziness.

Find ways to get active with a heart condition at: **[bhf.org.uk/activity](https://www.bhf.org.uk/activity)**



## Holidays and flying

Most people with atrial fibrillation can go on holiday.

If your atrial fibrillation is controlled and you feel well, it should be ok. You should check with your doctor that you are fit enough to travel.

Tips for holidays and flying:

- ✓ Take enough medicine to last your holiday.
- ✓ Pack medicines you need in your hand luggage.
- ✓ Take a list of the medicines you're taking in case you need to get more.
- ✓ Let your travel insurance provider know about your diagnosis.

Get more information on holidays and flying at **bhf.org.uk/holidays**

## Sex

You can enjoy a healthy sex life if you have atrial fibrillation.

It's normal to worry that having sex might trigger atrial fibrillation, but the risk of this happening is low.

Like any exercise you do, if you feel well and listen to your body, you should be ok. Stop and rest if you start to feel unwell.

It may feel embarrassing or uncomfortable to ask questions, but healthcare professionals speak to people all the time about sex and relationships. They will be understanding and can offer you information and support. Many people feel much better once they speak to someone.

If you prefer to look for information online, search **bhf.org.uk/sex**

## Questions to ask your doctor

If you've been diagnosed with atrial fibrillation, here are some questions that you may want to ask your doctor:

- What is the cause of my atrial fibrillation?
- Will my condition go away on its own?
- Do I have an increased risk of having a stroke?
- What are my treatment options?
- Do I need to make any changes to my daily life?
- Are there any risks or side effects I need to know about with any medicine I'm taking?
- Are there things I can do to help manage my condition?
- Should I see an electrophysiologist (a special doctor for heart rhythm disorders)?

## Worries about your health

It's normal to feel worried or anxious about your health. But sometimes, this can get in the way of living your life.

If you feel anxious and sad a lot of the time, and it's affecting your daily life, talk to your GP.

Do not be afraid to ask for help. Sometimes you need to put yourself first.

You can also refer yourself to the NHS for talking therapies, like cognitive behavioural therapy (CBT) or counselling. Search '**NHS talking therapies**' for more information.

You can also get in touch with Mind, a charity offering support to anyone affected by their mental health. Visit **mind.org.uk**

## Get support

It may feel overwhelming to be told you have atrial fibrillation.

British Heart Foundation can help you find more information on living well with your condition.

### Call the Heart Helpline

If you or your family are affected by atrial fibrillation, our cardiac nurses can help you with your questions or concerns.

Call **0808 802 1234** (freephone) or email **hearthelpline@bhf.org.uk**

Our helpline is open weekdays, 9am to 5pm (excluding bank holidays).

You can also speak to our nurses using the live chat feature. Find out more at **bhf.org.uk/helpline**

## Join Heart Matters

Discover the benefits of Heart Matters, your free heart-health membership.

Join to receive our free magazine or email newsletter, featuring expert tips, heart-healthy recipes, inspiring stories, and the latest updates backed by BHF-funded science.

Guided by our team of experts, Heart Matters helps you to make small changes for a healthier heart.

**bhf.org.uk/heartmatters**

## Order our information

We have lots of information about heart conditions and looking after your heart.

Find helpful tips and easy swaps for a healthier heart in our booklet

**Understanding your heart health.**

You can read and order our booklets for free at **bhf.org.uk/publications**

We also have information in audio, easy read, braille and other languages. Read or listen to our information online at **bhf.org.uk/infoforall**

## Find an online community

Our community on HealthUnlocked is a free online space for people with heart and circulatory conditions to share experiences and get support from one another.

You can find a support group for atrial fibrillation and a programme on living with atrial fibrillation.

Visit **healthunlocked.com** and search 'living with atrial fibrillation'.

### Atrial Fibrillation Association (AFA)

You can also get support from the Atrial Fibrillation Association (AFA).

The AFA is a charity supporting people with atrial fibrillation and atrial flutter. They have a helpline, information and coffee mornings where you can meet other people with AF and get support.

Search **heartrhythmalliance.org/afa**

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### Further information



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# We are British Heart Foundation



Through research, information and support we're here for everyone affected by heart and circulatory conditions.

## Get help

Speak to one of our experienced cardiac nurses for more information and support. They can help answer your questions, big or small.

You can call **0808 802 1234** (freephone).  
Our helpline is open weekdays, 9am to 5pm  
(excluding bank holidays).

## Support our work

If you've found this information helpful and would like to support our work, please scan the QR code or visit [bhf.org.uk/support-us](https://bhf.org.uk/support-us)



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on your phone

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