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Ask the doctor if I was recently diagnosed with atrial fibrillation. I love playing sports and being active, and I also have hard work. What can I do to avoid afib triggers? The doctor's reaction to atrial fibrillation often occurs after cardiothoracic surgery or procedures, but is often resolved within a few days. For many people with rare and brief episodes of atrial fibrillation, episodes are triggered by a number of triggers. Since some of them are associated with excessive alcohol consumption or skipping medication, this is sometimes referred to as a festive heart or a Saturday night heart. Some of these people are able to avoid episodes or fewer episodes by avoiding their triggers. Common triggers include alcohol and caffeine in susceptible people. Individuals who do not have atrial fibrillation may reduce their chances of getting this arrhythmia by minimizing risk factors. This includes minimizing risk factors for coronary heart disease and high blood pressure listed below. Don't smoke. Maintain a healthy weight. Make nutritious, low-fat or low-fat foods the foundation of lifestyle. Some doctors suggest increasing a person's consumption of fish oil, fiber and vegetables. When you take part in moderately strenuous physical activity for at least 30 minutes each day. Control (decrease) high blood pressure and high cholesterol. Drink alcohol in moderation (maximum 1-2 drinks per day), if at all. Avoid caffeine and other stimulants as much as possible. If patients have atrial fibrillation, their health care provider may prescribe treatment for the underlying cause and prevent future episodes of atrial fibrillation. These treatments may include any of the following (see Medical Treatment for more information): Medications Cardioversion Pacemaker Radiofrequency Ablation Maze Surgery For more information, read our full medical article on atrial fibrillation Medical References reviewed by Robert J. Bryg, MD., Board Certified Internal Medicine with Subspecialty in Cardiovascular Diseases REFERENCES: Facts of Philthurization. Centers for Disease Control and Prevention (CDC). February 2010. <http://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/docs/fs_atrial_fibrillation.pdf=>. Heart Disease Pictures Slide Show: A Visual Guide to Heart Disease. Medicinenet. September 30, 2009. <https://www.medicinenet.com/heart_disease_pictures_slideshow_visual_guide/article.htm=>. Gage, Brian F. et al. Checking Clinical Classification Schemes for Stroke Prediction: Results of the National Registry of Atrial Fibrillation. In the Journal of the American Medical Association 285:22 (2001): 2864-2870. Rosenthal, Lawrence et al. Atrial Fibrillation. Medscape. January 30, 2012 <http://emedicine.medscape.com/article/151066-overview#a0104=>. Розенталь, Лоуренс и др. Фибрилляция предсердий лекарства. Медспейн. 15 марта 2012 года. <http://emedicine.medscape.com/article/151066-medication=>. UpToDate. <http://www.uptodate.com/contents/atrial-fibrillation-beyond-the-basics.>. Info: Atrial fibrillation (beyond the basics). It is estimated that between 2.7 and 6.1 million people in the United States have atrial fibrillation, according to the Centers for Disease Control and Prevention (CDC) (CDC) (3) the rate of afib is only about 2 percent for people under 65, while that's about 9 percent for people age 65 or older. Because the risk for afib increases as you get older, and women tend to live longer than men, more women than men have the condition. The risk of atrial fibrillation is higher in European Americans than in other racial or ethnic groups. What happens in Afib is a normal heartbeat, first the top two chambers of your heart (known as atria) are electrically activated and contract, then the two lower chambers (ventricles) do the same. This allows your atria to pump blood into your ventricles, and for the ventricles to pump blood into your lungs and the rest of your body. Your heart's electrical system coordinates the contractions between the atria and the ventricles. The electrical impulse in your heart starts in the right atrium, and causes both of your atria contract first. The pulse moves to an area close to the middle of your heart (known as an atrioventricular, or AV, node) that acts as an electric bridge between your atria and ventricles. Once the electrical impulse reaches the ventricles, they contract and pump the blood they receive from the atria. In atrial fibrillation, many different electrical impulses occur right away in your atrium, which causes very fast and disorganized contractions. This means that your atria cannot effectively pump blood into your ventricles. And because of the disorganized electrical impulses that start in your atria, your ventricles also contract very quickly and irregularly. As a result, they cannot effectively pump blood to your body. While your normal resting heart rate is 60 to 100 beats per minute (bpm), atrial fibrillation can cause your atrium to beat 300 to 600 times per minute, according to the Cleveland Clinic. (2) Although ventricles don't beat 300 to 600 times per minute, they can beat much faster than 100 bpm. Types of atrial fibrillation can be intermittent (known as paroxysmal), come and go apparently randomly or when you do certain activities. An episode of this kind of afib usually lasts less than 24 hours, but can last as long as a week, according to the National Institute of Heart, Lung and Blood. (1) You may need treatment for paroxysmal atrial fibrillation, or it may occur rarely enough that your doctor recommends simply monitoring your condition. If you experience episodes afib alternating with slower than usual it is known as tachi-bradi syndrome. Afib can also be persistent, meaning that it lasts longer than a week. This kind of afib usually requires constant atrial fibrillation is defined as an abnormal heart rate that lasts more than a year without interruption. If the normal heart rate cannot be restored after several treatments, your afib may be considered permanent. In this case, you may need to take medication to prevent your heart rate from getting too fast. (1.4) When is Afib the problem? Atrial fibrillation is considered a dangerous disease, even if it does not cause immediate chest pain, rapid heartbeat, or other disturbing symptoms. Many people live for years without developing noticeable problems from their afib. But afib can put you at risk for future problems in several different ways, including: What makes it easier for blood clots to form your heart's ability to pump blood when your atria is beating fast and irregularly, the blood doesn't flow through them as fast as it should be. This makes the blood more likely to clot. The blood clot that forms in your heart can travel to your brain, causing a stroke, or it can travel to other areas of your body and cause damage by cutting off blood flow. Afib can also make your heart pump blood less efficiently. Over time, it can weaken your heart and lead to inadequate blood flow throughout the body, known as heart failure. (2) Signs and symptoms of atrial fibrillation In many people atrial fibrillation causes noticeable symptoms, but some people do not experience any symptoms at all. If you experience symptoms, they may include: Heart rapid heartbeat (race, pounding, noticeably irregular heartbeat) Breast pain Weakness Fatigue Indeed ability to exercise V difficulty breathing, especially lying down or with activity Dizziness or fainting Lightheadedness Confusion (1.4) Your symptoms can range from subtle to very noticeable, and they can change over time. It is important to track your symptoms by having them occur, how long they last, how serious they are, and what you were doing when they started. The timing and details of your symptoms may be important to help your doctor diagnose and treat your afib. (1) How is atrial fibrillation diagnosed? Your doctor will diagnose or rule out afib based on: Your symptoms and medical history A physical exam Diagnostic tests In addition to asking about your symptoms, your doctor will probably ask you about your family history of heart disease, your diet and exercise habits, and other risk factors for cardiovascular disease. If your doctor suspects that you have afib or other serious heart disease, you can expect to undergo a checkup of your heart and lungs. In this examination, your doctor will: To help diagnose atrial fibrillation, your doctor may order a series of tests. Most of the Tests are designed to analyze heart rate or speed in a certain way. Tests for diagnosis afib may include: Electrocardiogram (ECG or ECG) This test involves wearing sensors on the on breasts and hands to record the electrical activity of your heart. ECG is the main test for the diagnosis of afib. This can be done in the doctor's office in a matter of minutes, and your doctor will usually be able to analyze your results immediately. Holter Monitor is a type of portable ECG. It involves wearing sensors that connect to a device that you carry in your pocket or carry attached to your shoulder strap. Holter's monitor records your heart activity for 24 hours or longer, giving your doctor a fuller picture of your heart rate. Event Recorder is another type of portable ECG that is usually worn for a much longer period, from a few weeks to a month. Whenever you experience symptoms that may indicate a rapid or irregular heartbeat, you press a button on the voice recorder that activates its storage function. Then you keep a few minutes of electrical activity of your heart, both before and after pressing the button. Echocardiogram Is an ultrasound of your heart that uses sound waves to create video images for your doctor to analyze. Your doctor or other health care professional will keep a device called a prevlododer over your chest that sends and receives sound waves as they bounce off your heart. You won't feel those sound waves. Less often, your doctor may recommend an echocardiogram that involves inserting a flexible tube containing a tiny precer down the throat. This is known as transesophageal echocardiogram. This type of echocardiogram can produce more detailed images of your heart that can help your doctor detect blood clots or other problems. Blood tests your doctor can order blood tests to check for thyroid problems or other conditions that may contribute to afib. Chest X-ray your doctor can order an X-ray of your heart and lungs to check for other conditions that may be causing or contributing to your symptoms. (4) (4)

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