

Atrial fibrillation

[Health & Medicine](#)



**ASSIGN
BUSTER**

Often characterized by atrial dilatation and the shortening of the atrial ERP, the presence of atrial fibrosis and its structural remodeling changes the normal electrical refractoriness and contractile function of the heart by making the intra-cardiac pressure increase (University of Toronto; Allesie, Boyden and Camm). Because of atrial dilatation, heart-related diseases like hypertension, valvular heart disease, and congestive heart failure occurs.

Incidence

Individuals who are at risk of AF include those who are more than 65 years of age, individuals with myocardial infarction, and individuals who received cardiothoracic surgery (Allesie, Boyden, and Camm).

Etiology

Hypertension, ischemic or non-ischemic heart diseases, and mitral or tricuspid valvular disorders, hyperthyroidism, and alcohol drinking are among the most common factors that could trigger AF whereas atrial septal, congenital heart failure, pulmonary embolism, COPD, myocarditis, and pericarditis are among the less common factors that could trigger AF (Mitchell).

Signs and Symptoms

Aside from a rapid ventricular response or arrhythmias, patients with mild AF may experience dizziness, dyspnea, diaphoresis, fatigue, and palpitation whereas patients with severe AF may experience chest pain, pulmonary edema, or syncope (Dressing and Schweikert).

Treatment / Medication

Using surgical intervention, AV node radiofrequency ablation, control of rhythm using cardioversion or AF substrate ablation, treatments for AF focuses on thromboembolism prevention, rhythm control, and ventricular
<https://assignbuster.com/atrial-fibrillation-essay-samples/>

rate control (Mitchell).

Likewise, it is possible to use antiarrhythmic medications such as the angiotensin-converting enzyme (ACE) inhibitor to prevent stress by lowering the atrial pressure when administered to patients (Dressing and Schweikert; University of Toronto).

ECG Characteristics

Aside from showing irregular R-R intervals, the ECG of patients with AF is characterized by irregular timing in fibrillatory waves of QRS aside from the absence of P waves (Mitchell). (See Appendix I – ECG of Patient with AF on page 4)