Does a Pacemaker help Atrial Fibrillation?

Does a pacemaker help treat atrial fibrillation? The answer is yes and no. Let’s first start by discussing what atrial fibrillation is and what a pacemaker does. Atrial fibrillation is an abnormal heart rhythm in which the top chambers of the heart beat fast and chaotically. As a consequence, the heart’s top chambers (the atria) are not able to effectively pump. This may cause symptoms such as shortness of breath, chest pain, palpitations, swelling, and dizziness. Atrial fibrillation usually makes the heart beat faster than normal. Left untreated, atrial fibrillation can lead to a stroke and congestive heart failure.

A pacemaker is a device shown in the picture above that is used to treat individuals with slow heart rate. The generator, shown here, is hooked to one or more wires that are threaded into the heart. The wires are able to sense what the heart is doing and send electrical impulses to the heart to make it beat. When the pacemaker detects the heart rate is slowing down, it then sends an impulse to make the heart beat. This way, the heart rate does not drop below what the pacemaker set for. This number is usually 60 beats per minutes in most people. The pacemaker however does not do anything to prevent the heart from going into an abnormal rhythm such as atrial fibrillation. It also does not prevent the heart beat from going too fast. Pacemakers also do not prevent a stroke or a heart attack. It is a common misconception that pacemakers actually treat atrial fibrillation.

So why do so many people with atrial fibrillation end up with a pacemaker? The treatment of atrial fibrillation includes medications to help keep the heart in normal rhythm, or medications to keep the heart rate under control if the atrial fibrillation is permanent. Either way, those medications slow the heart rate. In some individuals, these medications slow the...
Pumpkin Bars

**Ingredients:**
- 1/2 cup pumpkin puree
- 1/2 cup almond butter
- 1/3 cup honey
- 2 egg whites
- 1/2 tsp baking soda
- 1 tsp vanilla extract
- 1 tsp cinnamon
- 1/2 tsp ginger
- 1/4 tsp nutmeg

**Directions:**
1. Preheat oven to 350F
2. Spray non-cooking spray on 8x8 pan
3. Combine all ingredients until smooth
4. Bake for 20-25 minutes until golden brown
5. Allow to cool before cutting and serving

**Health Information**
- Servings 9
- Calories 133
- Total fat 8g
- Trans fat 0g
- Sodium 71mg
- Total fiber 2 g
- Protein 4 g
- Carbohydrates 16 g
- Sugars 12 g
- Cholesterol 0 g

**Quote of the Month:** “The secret of getting ahead is getting started” Mark Twain.

**Bible Verse of the Month:** “Trust in the Lord with all your Heart” Proverbs 3:5.

**Did you Know?**
A murmur is a sound heard with a stethoscope when listening to the heart. It occurs when there is turbulent blood flow within the heart. Some murmurs, especially in children, are “innocent” murmurs. This means that the murmur is caused by natural blood flow across the valve or across an area of the heart. These types of murmurs may come and go throughout a person’s life as the blood flow and the heart changes. For many individuals, a referral to a cardiologist may be enough to say this is an innocent murmur. In some cases, further testing such as an echocardiogram may be needed. An echocardiogram is an ultrasound of the heart in which the size and structure of the heart is studied. A small amount of jelly is placed on the chest wall and an ultrasound probe is moved over the heart to look at the heart chambers and the blood flow across the valves. A murmur can signify a significant problem within the heart such as a leaky valve, a valve that has become narrowed, or a hole in the heart (also known as a septal defect). It is important to know how long the murmur has been there, if it has changed any, and if it changes with position. Your health care provider may have you change positions during your exam or even “bear down” to better understand the type of murmur. Certainly any time there is a new murmur or changing murmur that is accompanied with symptoms such as shortness of breath, chest pain, dizziness, swelling, or passing out, further work up is usually warranted. To sum up, murmurs do not always mean something is wrong within the heart but can signify a problem and should not be ignored until there is proof that it is benign. (1,2).
Sincerely,
Kacy Jones and the HeartHelp team

Fall is here, the leaves are turning, pumpkins are out, and the air is cool. I couldn’t help but put together a good pumpkin recipe which I hope you enjoy. As we traveled to South Carolina this month, I had a total of 24 hours in the car to start reflecting on the year. Fall has a tendency to do that I think (or just being bored in the car). I am so thankful for being able to share this newsletter with my HeartHelp family for over a year now. We have some exciting ideas for this next year as well. It also hit me that Christmas is only two short months away and I have not bought the first thing. Don’t forget to purchase a few low sodium cookbooks from our website for your stocking stuffers as well. We love being on this journey with you. Please let us know how we can better serve you by calling, emailing, or sending us a line on Facebook. As always, thank you for letting us “keep you in rhythm”.

References:

Have an Orange October!

Cont…..heart rate too much or cause times when the heart is not beating at all. When the medications are decreased or stopped, then the atrial fibrillation returns or the heart rate is too fast. This situation occurs frequently and many times requires a pacemaker to help keep the heart rate from going too slow so that the medications can be given to safely treat the atrial fibrillation.

The next scenario is a last line treatment. If the heart rate cannot be controlled despite administering medications at maximal doses, then an AV nodal ablation may be needed. The AV node is an area of tissue that conducts the heart beat from the atria to the ventricles. During this procedure, a catheter is used to burn and damage the tissue of the AV node so the heart is not able to race anymore in the bottom chambers (ventricles). When this is done the heart rate is very slow and a pacemaker is automatically placed. The individual is still in atrial fibrillation but since the heart rate is now controlled by the pacemaker, many individuals do not feel the palpitations any longer.

To sum up, atrial fibrillation is mainly treated with medications and procedures such as ablations. However due to the nature of the disease and a usually already abnormal electrical system, pacemakers may be needed to aid in the treatment of this disease. (1,3).