

SPECIAL POINTS OF INTEREST:

- **Atrial Fibrillation**
- **Crawfish Etouffee**
- **New Blood Thinner**

**INSIDE THIS ISSUE:**

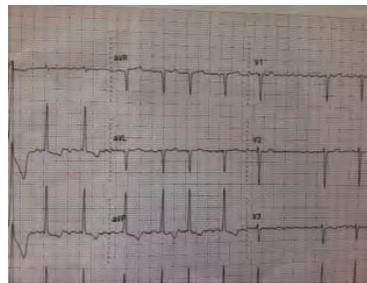
- Front Story** 1
- Tip of the Month** 1
- Recipe** 2
- Quote of the Month** 2
- Bible Verse of the Month** 2
- Did you Know?** 2
- Our Information** 3

## What is Atrial Fibrillation ?

Atrial fibrillation is a common abnormal heart rhythm that is characterized by abnormal beating of the upper heart chambers. The atrium or upper chamber of the heart does not contract effectively during atrial fibrillation because it is going too fast, usually 300-600 beats per minute. Atrial Fibrillation occurs in over 2 million Americans. It is estimated that more than 5 percent of individuals over 69 years of age have atrial fibrillation. **What causes Atrial Fibrillation?**

In most cases there is not just one cause. There are several individual factors that increase the risk of developing atrial fibrillation. These risks are congestive heart failure, mitral or aortic valve disease, hypertension (elevated blood pressure), advanced age, enlarged left atrium, obesity, sleep apnea, and thyroid disease. Atrial fibrillation caused by thyroid disease may be reversible if it is caught and treated in a timely manner.

**What are the risks of Atrial Fibrillation?** The main risk of atrial fibrillation is stroke and



the development or worsening of heart failure. Nearly 25 percent of all strokes caused by a blood clot to the brain are secondary to atrial fibrillation. Each individual may have different risk of developing a stroke. If a person is young, healthy, and has only atrial fibrillation, their stroke risk is around one percent. However, the majority of individuals have multiple risk factors and the risk of stroke on average is about 4 percent per year or greater. The risk of stroke determines how best to prevent the stroke. If the risk of stroke is low usually 2 percent or less, then aspirin is usually enough. If the risk of stroke is higher, then Coumadin (warfarin) or one of the newer blood thinners may be recommended. These include Xarelto, Eliquis, and Savaysa.

Please note, the newer blood thinners are not recommended for everyone. Your cardiologist can recommend which drug fits best with your lifestyle and medical conditions. As we discussed earlier, during atrial fibrillation the bottom chamber of the heart may go faster than usually. This can cause the heart muscle to become weak and start to fail. To prevent this from happening, your health care provider may prescribe various medications to control your heart rate. These medications are usually beta blockers (metoprolol), calcium channel blockers (diltiazem), and/or digoxin. Please note this is not an extensive list of medications and anywhere from one to all three medications may need to be used for heart rate control. **What are the symptoms of Atrial Fibrillation?** Common symptoms of atrial fibrillation include shortness of breath, chest discomfort, feeling of palpitations or the heart racing, fatigue, leg swelling, dizziness, or possible passing out. Some individuals do not realize their symptoms or do not have any symptoms. Unfortunately, the way atrial fibrillation is discovered in some cases is after a stroke or mini stroke. (3).

# Crawfish Etouffee



Recipe From My Family.  
Please note nutritional  
value in crawfish tails  
vary.

## Ingredients:

1 lb crawfish tails  
2 cups water  
1 cup chopped celery  
2 cup onion chopped  
1\2 green bell pepper  
chopped  
3 cloves garlic chopped  
2 bay leaves  
1 tsp basil  
1 bunch green onions  
1 fresh rip tomato, peeled and  
chopped  
4 Tb flour  
4 Tb unsalted butter  
Red pepper to taste  
Salt substitute to taste

## Directions:

1. In saucepan, melt butter.
2. Gradually add flour, stir continuously until turns a medium brown..this is the roux.
3. Add onions, celery, garlic, bell pepper, and bay leaves.
4. When tender, add tomato.
5. Add water and bring to boil.
6. Add green onions, basil, pepper, and salt substitute to taste; simmer 10 min.
7. May top with parsley.
8. Add Crawfish

7. Simmer at least 20 minutes.

## Nutrition.

Yields 8 servings

Calories: 123  
Total Fat: 6 g  
Saturated Fat: 3.5 g  
Cholesterol: 90 mg  
Carbs: 6.5 g  
Protein: 9 g  
Fiber: 1g  
Sugar: 2g  
Sodium: 43 mg

Usually served over rice.  
Rice is not included in this nutritional data.

**Quote of the Month:** “You may have to fight a battle more than once to win it” Margaret Thatcher.

## Bible Verse of the Month:

“Trust in the Lord with all your heart, and lean not on your own understanding”  
Proverbs 3:5.

## Did you Know?



Did you Know that a new blood thinner called Savaysa (Edoxaban) was approved by the FDA on January 8, 2014. It is now on the shelf and ready to use. Savaysa is another blood thinner called an anticoagulant. It comes out third in line behind its counterparts Xarelto and Eliquis. Savaysa is approved for the prevention of strokes in non valvular atrial fibrillation, and also for treatment of blood clots in the lungs and legs. In the study for atrial fibrillation, it was compared to Coumadin (warfarin) in roughly 21,000 patients over 2.8 years. During the study, Savaysa was found to be as good as Coumadin in preventing strokes from atrial fibrillation. Overall it had less bleeding that Coumadin in most categories. (1,2).

The one exception was bleeding from the stomach or gastrointestinal tract. The most commonly reported side effect was bleeding and anemia. Savaysa can be given with or without food and should be taken at the same time each day. As with other blood thinners, taking it along with aspirin or anti-inflammatory medications such as ibuprofen, aleve, celebrex, and others may cause in increased risk of bleeding. There are three doses available, a 60mg, 30mg, and 15 mg. The dose should be chosen by your medical provider based on certain factors such as kidney function, weight, and other medications you might be taking. At this time there is no need for monitoring levels of Savaysa like Coumadin. However, periodic blood work may be ordered to evaluate for anemia and kidney function to ensure appropriate dosing. (1,2).

**What tests may be ordered for Atrial Fibrillation?** Usually a 12 lead EKG is the first tests completed. For further detection or monitoring of the rhythm, a 24 or 48 hour Holter monitor may be ordered for you to wear. If needed, there are other types of monitors that can be worn for a longer period of time. An echocardiogram is done to measure the size of the left atrium and other chambers of the heart. This tests also evaluates the heart valves and the function of the heart. Depending on symptoms and risk factors, other tests may be needed such as a stress test, a sleep study, or a CT of the chest or heart. Laboratory studies are routine to decide what medications you can take and also to make sure there is not a reversible cause for the atrial fibrillation (thyroid disease, electrolyte imbalance etc.).

**What is the treatment for Atrial Fibrillation?**

Treatment is aimed at preventing strokes, preventing heart failure, and controlling symptoms. In order to prevent strokes a blood thinner is ordered. In low risk patients, aspirin is usually enough. However, in many cases, the risks of stroke are higher, especially if there are risk factors such as high blood pressure, diabetes, heart failure, advanced age etc. and a stronger blood thinner will be needed. Medications were already discussed to help control the heart rate. Next, in many cases especially if there are symptoms related to atrial fibrillation, the heart will be placed back to normal rhythm with medications or an electrical cardioversion (shock). Some of the stronger medications that may be used to help the heart stay in normal rhythm may include: Rythmol (Propafenone), Flecainide (Tambocor), Sotalol (Betapace), Dofetilide (Tikosyn), or Amiodarone (Pacerone, Cordorone). These medications require close follow up by your cardiologist. A hospital admission may be required to the medications as well. A more invasive approach to treating atrial fibrillation is an ablation. This is a catheter based procedure done by an electrophysiologist (a cardiologist that specialize in the electrical system of the heart). A more aggressive approach is called a MAZE procedure. This is a surgical approach done by a cardiac surgeon. This procedure is usually reserved for individuals who have had no success with the ablation. This may also be done if the patient is already undergoing heart surgery for another reason like a bypass surgery or a valve replacement. Last is the AV nodal ablation and pacemaker placement. This is a procedure done as a last resort in individuals in which the heart rate and rhythm cannot be kept under good control. This procedure does not cure or prevent atrial fibrillation episodes, it just makes the heart dependent on the pacemaker so the heart does not race. As you see, treatment of atrial fibrillation is not always straightforward. Take time to discuss all your options with your cardiologist. (4).