However, there is a famous quote by Albert Einstein that states “The definition of insanity is doing the same thing over, but expecting different results.” Now, that may be a little extreme but it is to make a point. A cardioversion can reset the heart for that moment in time. It does not prevent the heart from going back out of rhythm. It can last 5 seconds, 5 months, or 5 years. Other measures have to be taken to try and prevent the heart from going out of rhythm again.

What can be done to prevent the heart from going back out of rhythm? There is no cure for atrial fibrillation but there are many ways to treat atrial fibrillation. Let’s break it down.

### 1. Lifestyle changes.
These are vital. Losing weight can decrease....Cont. page 3.

### Tips of the Month

#### Winter Safety Tips:

1. **Stay warm.** Getting cold raises your heart rate and blood pressure. This puts more strain on the heart.
2. **Layer your clothes.** Wear gloves, a hat, and use a scarf to cover your mouth so you are not breathing in the cold air if you must go outside.
3. **Let someone else shovel your snow.** Unless you are very conditioned and used to cold weather, shoveling snow can be a stressor to the heart. It is not worth having a heart attack over.
4. **Know the signs of hypothermia.** These may include confusion, lack of coordination, shivering, slowed reactions, and sleepiness.
5. **Avoid alcohol before and after being in the cold weather.** (3).
Recipe from the book *Breaking the Salt Habit* by Erik Williams. (1).

**Grilled Tuna Steak** with Honey Mustard Marinade

**Ingredients:**
- 2/3 cup Red Wine Vinegar
- 1/3 cup Honey Dijon Mustard
- 2 Tbsp. Honey
- 6 Tbsp. Extra Virgin Olive Oil
- 1 tsp. Garlic Herb Seasoning (ex. Mrs. Dash)
- 4-4 oz. Tuna Steaks

**Directions:**
1. Combine all ingredients except tuna in a small bowl.
2. Place tuna steaks in medium storage bag and pour in mixture.
3. Marinate at least 2 hours.
4. Grill Tuna on high heat 5-6 minutes on each side depending on the thickness of steaks. An internal temperature of 145 degrees Fahrenheit is recommended.

**Health Information**
- Serving size: 4 oz. of Tuna
- Servings 4
- Calories 462
- Total fat 35g
- Saturated fat 8g
- Cholesterol 68 mg
- Sodium 260 mg
- Total fiber 0 g
- Protein 26g
- Carbohydrates 10g
- Potassium 39mg
- Sugar 9g

**Quote of the Month:** “Action is the foundational key to all success.” Pablo Picasso

**Did you Know?**

Did you know that your stroke risk may change over time? One year a blood thinner may not be recommended and the next year it might. What? It may sound weird but the body changes and believe it or not, something as small as a birthday can increase the risk of a stroke. Let's take a look at it. In individuals that have atrial fibrillation or atrial flutter it is well known they are at higher risk of having a stroke from a blood clot. So who needs to be on blood thinner? The CHADS-vasc score is a model that is used to help determine stroke risk and which blood thinner may be appropriate. C is for congestive heart failure. H is for hypertension or high blood pressure. A is for age (65 gets 1 point, 75 gets 2 points). D is for diabetes. S is for stroke or TIA (either counts for 2 points). Vasc counts for vascular disease or Blockage in the arteries. Female sex also gets a point. Sorry ladies. The higher the points, the higher the risk of stroke. In individuals with a score of 2 or more, anticoagulation is recommended. The oral drugs under this umbrella include warfarin, Pradaxa, Xarelto, Eliquis, and Savaysa. So lets say last year, you were a 64 year old male with treated high blood pressure. Your CHADS-vasc score would have been one. This correlates with a 1.3 percent stroke risk per year. This year, your age has gone up to 65 and the score increased to 2 points. The stroke risk increased to 2.2 percent per year so a blood thinner is now recommended. Stroke risk changes as the body changes. All the risk factors cannot be controlled (age) so lets focus on the ones that can. (2).
Well it is January and the flu has hit hard this year. Hopefully none of you have experienced it but I am sure that you know someone that has. Remember, do not delay in getting evaluated. If you have symptoms of the flu which may include fever, chills, muscle aches, and or coughing, seek medical treatment. Getting an antiviral medication like Tamiflu, which requires a prescription, within the first 48 hours of symptoms can help shorten the duration of the flu. If you must go out into the community, try to avoid large groups and use hand sanitizer.

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To sum up, there is no real limit to the number of cardioversions that can be done. However, there are multiple procedures. This is usually done in someone who is going for open heart surgery for another reason, but it can be done by itself if ablation has failed.

4. **Controlling other Disease Processes:** Other disease processes that can increase atrial fibrillation and even cause it sometimes include sleep apnea, obesity, diabetes, thyroid disease, heart disease, and hypertension. It is important that these issues are being managed well and under good control because any of them could exacerbate atrial fibrillation.

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3. **Procedures:** If atrial fibrillation continues to occur despite the use of one or more antiarrhythmic medication, then an ablation may be recommended. An ablation is a catheter-based procedure done by a specially trained cardiologist called an electrophysiologist in which a catheter is placed into the top left chamber of the heart and the areas causing the atrial fibrillation are frozen or burned. There is also a surgical procedure called a MAZE procedure. This is usually done in someone who is going for open heart surgery for another reason, but it can be done by itself if ablation has failed.

2. **Medications:** There are many medications that can help limit atrial fibrillation episodes. However, there are no medications that can completely eliminate atrial fibrillation. Beta blockers (metoprolol, carvedilol etc.) and calcium channel blockers (diltiazem etc.) may be used in the early stages of atrial fibrillation to help minimize episodes. Many times, atrial fibrillation will progress and stronger medications will be needed to maintain normal rhythm. These medications are called antiarrhythmic drugs. If someone has no history of heart disease, heart attack, or any structural heart disease, medications such as flecainide and propafenone may be used. However, many individuals cannot take these medications due to the above reasons. The next level of antiarrhythmics include drugs such as Multaq, Sotalol, Tikosyn, and Amiodarone. These drugs are usually continued unless they quit working or unless there is another medical reason to stop them.

1. **Lifestyle Changes:** In addition to medications and procedures, lifestyle changes can help limit the burden of atrial fibrillation. Exercise is beneficial to the heart. The heart is more likely to ‘act up’ if it is not in shape, especially when an activity is done that is more than the heart is used to. Get plenty of rest and sleep. Most individuals need at least 7-8 hours of sleep each night. All of these things can help limit the burden of atrial fibrillation.

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