

Is Your Heartbeat Normal? What You Need To Know About A Complex Heart Disease

(NAPSA)—Perhaps you've felt a flopping, racing or pounding feeling in your chest. Maybe you've felt out of breath, weak and dizzy. If you have experienced any of these symptoms, you may be suffering from atrial fibrillation—a common form of rapid irregular heartbeat that originates in the atria (the top chambers of the heart).

If you do have atrial fibrillation, more commonly known as AFib, you are not alone. In fact, there are more than 3 million Americans living with this disease.

Whether you've just been diagnosed with AFib or have had it for years, AFib is a complex disease and you and your loved ones are likely to have questions. Atrial fibrillation is a serious disease with serious consequences. The good news is that AFib can often be treated, so it's important to learn as much as you can about the disease and your treatment options.

Dr. Gerald Naccarelli of the Penn State University College of Medicine answers some common questions about AFib and how it is managed.

Q: What exactly is AFib?

A: When you have AFib, the top chambers (atria) of the heart beat irregularly and blood isn't pumped out properly.

Your heartbeat is controlled by an electrical impulse that starts in the right upper chamber (atrium) of your heart. For someone with AFib, that signal becomes confused and the atria quiver rapidly and unevenly, changing the constant rhythm of the heart.

Q: What are the symptoms of AFib?

A: Some people have very clear AFib symptoms when they have an AFib episode, while others may not notice any symptoms at all. Symptoms may include a flopping or fluttering feeling in the chest, a fast pounding feeling in the chest, chest pain or pressure; feeling out of breath; feeling weak or tired; dizziness and sweating; and fainting or feeling light-headed.

Q: What causes AFib?

A: Increased age is a big risk factor for AFib. More than 13 percent of all Americans over the age of 70 have been diagnosed with AFib. As the number of older Americans increases, the number of Americans with AFib is expected to increase to 5.6 million by the year 2050. Other risk factors include high blood pressure, heart valve disease, coronary artery disease, obesity and diabetes.

Q: What are the consequences of AFib?



A: AFib can lead to long-term problems including repeated hospitalization. In the first year following AFib diagnosis, you are four times more likely to go into the hospital three or more times, and four times more likely to have three or more visits to the emergency room compared with someone who does not have the disease. Hospitalization associated with AFib has increased dramatically (two to threefold) in recent years in the U.S.

Q: What other health conditions are associated with AFib?

A: A lot of patients have no associated conditions with their AFib, but the majority of patients have some associated conditions such as hypertension, diabetes, coronary artery disease, valvular heart disease and congestive heart failure. If you have AFib, you're five times as likely to have a stroke, although the risk of stroke can be reduced by using blood-thinning medications, such as warfarin.

Q: How is AFib treated?

A: The way your AFib is treated depends on factors such as your cardiovascular risk, age and lifestyle. AFib management, which differs from patient to patient, includes medications as well as surgical and nonsurgical procedures. Your health care professional may also recommend lifestyle adjustments, such as a change in diet or eliminating tobacco and caffeine.

With AFib, it's important to get treated early. The longer your heart is out of rhythm, the more likely you are to remain out of rhythm. It also becomes more difficult for your doctor to restore your heart to normal rhythm.

If you are prescribed medication, be sure to take it as instructed. AFib is a chronic disease, which means you always have the disease and it doesn't go away. Not having symptoms does not mean you are cured, nor does having your symptoms return mean your medication is not working.

Q: Are there any recent advances in AFib treatment?

A: Yes. Multaq® (dronedarone) is one of only a few advances in the treatment of AFib in the last 20 years.

Q: What is Multaq?

A: Multaq is a prescription medicine used to lower the chance that you would need to go into the hospital for heart problems. It is meant for people who have had an abnormal heart rhythm called atrial fibrillation or atrial flutter in the last six months but who do not have that abnormal rhythm now or are about to be converted to a normal rhythm. It may be safely used for people who have had atrial fibrillation and atrial flutter who also have medical problems such as high blood pressure, stroke or diabetes. It is not known if Multaq is safe and effective in children younger than age 18 years old.

Q: Who should not take Multaq?

A: Do not take Multaq if:

- You have severe heart failure or have recently been in the hospital for heart failure, even if you are better now.

- You have severe liver problems.

- You take certain medicines that can change the amount of Multaq that gets into your body. Do not use these medicines with Multaq:

- Nefazodone for depression
- Norvir® (ritonavir) for HIV infection

- Nizoral® (ketoconazole), and Sporanox® (itraconazole), and Vfend®

- (voriconazole) for fungal infections

- Ketek® (telithromycin), Biaxin® (clarithromycin) for bacterial infections

- Cyclosporine for organ transplant

- You take certain medicines that can lead to a dangerous abnormal heart rhythm:

- Some medicines for mental illness called phenothiazines

- Some medicines for depression called tricyclic antidepressants

- Some medicines for abnormal heart rhythm or fast heartbeat

- Some medicines for bacterial infection

Ask your doctor if you are not sure if your medicine is one that is listed above.

- You are pregnant or plan to become pregnant. It is not known if Multaq will harm your unborn baby. Talk to your doctor if you are pregnant or plan to become pregnant.

- You are breast-feeding or plan to breastfeed. It is not known if Multaq passes into your breast milk. You and your doctor should decide if you will take Multaq or breastfeed. You should not do both.

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Important Safety Information

Do not take MULTAQ if you have severe heart failure or if you have been in the hospital recently for heart failure, even if you are better now. People with severe heart failure who take MULTAQ have an increased chance of dying.

Call your doctor immediately if you're taking MULTAQ and feel symptoms of worsening heart failure. These may include weight gain, leg swelling, and increasing shortness of breath while resting.

You should not take MULTAQ if you have severe liver problems.

You should not take MULTAQ if you are breastfeeding, pregnant, or plan to become pregnant as it is not known if it may pass to or harm your baby.

Your potassium levels should be within the normal range prior to and while taking MULTAQ. Tell your doctor about any diuretic medications you are taking as some can lower the level of potassium or magnesium in your blood.

Your doctor may perform certain tests, such as heart exams and blood tests, while you're taking MULTAQ.

MULTAQ can interact with certain medications and herbal supplements. Do not use the following medications with MULTAQ:

- Nefazodone
- Voriconazole
- Ritonavir
- Telithromycin
- Ketoconazole
- Clarithromycin
- Itraconazole
- Cyclosporine

The following medicines can lead to a dangerous abnormal heart rhythm if taken with MULTAQ:

- Phenothiazines
- Tricyclic antidepressants
- Certain medicines used to treat abnormal heart rhythm or fast heartbeat
- Certain antibiotics

Please read the accompanying Medication Guide and tell your doctor about all medications you take to help avoid serious drug interactions. Do not drink grapefruit juice while taking MULTAQ.

The most common side effects when taking MULTAQ are diarrhea, nausea, stomach pain, skin rash, and slowed heartbeat.

WARNING: HEART FAILURE

MULTAQ is contraindicated in patients with NYHA Class IV heart failure, or NYHA Class II-III heart failure with a recent decompensation requiring hospitalization or referral to a specialized heart failure clinic. In a placebo-controlled study in patients with severe heart failure requiring recent hospitalization or referral to a specialized heart failure clinic for worsening symptoms (the ANDROMEDA Study), patients given dronedarone had a greater than two-fold increase in mortality. Such patients should not be given dronedarone.

Please see full Prescribing Information, including Boxed Warning and Medication Guide.