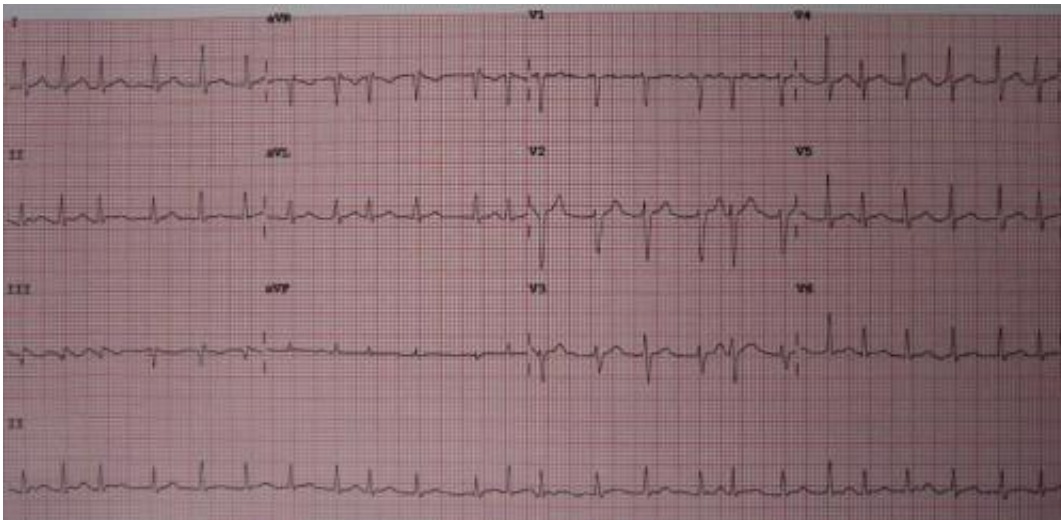


Better lifestyle habits are useful additions to optimize management of atrial fibrillation

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A 12 lead ECG showing atrial fibrillation at approximately 150 beats per minute.
Credit: James Heilman, MD/Wikipedia/CC BY-SA 3.0

Weight loss, regular physical activity and other lifestyle changes are effective yet underused strategies that should be added to optimize management of atrial fibrillation (an abnormal heart rhythm), according to "Lifestyle and Risk Factor Modification for Reduction of Atrial Fibrillation," a new Scientific Statement from the American Heart Association published today in the Association's flagship journal *Circulation*.

Atrial fibrillation (AF) is an [abnormal heart rhythm](#) that affects at least

2.7 million people in the United States and is increasing as the population grows older. In AF, the upper chambers of the heart, called the atria, beat rapidly and erratically, interfering with proper movement of blood through the chambers, which can allow blood clots to form. Parts of these clots can break off and flow to the brain, causing an ischemic stroke. People who have AF have a five-fold greater risk of having a stroke compared to people without the condition.

To reduce stroke risk in their patients, [health professionals](#) use medications or procedures to regulate the heart rate, prevent abnormal heart rhythms (AF) and reduce blood clotting.

"While established medical treatment protocols remain essential, helping AF patients adopt healthier [lifestyle](#) habits whenever possible may further help to reduce episodes of AF," said Mina K. Chung, M.D., chair of the writing group for the scientific statement, and a cardiologist and professor of medicine at the Cleveland Clinic.

Weight management with [weight loss](#), nutrition interventions among individuals who are overweight and appropriate, individualized physical activity plans to increase fitness are three lifestyle modifications that have the potential to benefit AF patients.

Obesity can contribute to enlargement and stretching of the heart's upper chambers, changing the way the chambers work and making AF more likely to occur and to be persistent rather than occasional. In an Australian study, people who were overweight or had obesity and lost at least 10% of their body weight were less likely to develop AF or to have it become persistent; and, in some cases, persistent AF became intermittent or disappeared entirely.

In addition, obesity is often associated with [sleep apnea](#), a type of disordered breathing that also raises the risk of AF. Patients with

obesity/overweight should be screened for sleep apnea and receive treatment if they have it.

Regular, moderate physical activity does not increase AF risk and may help in preventing and treating the condition. However, the statement notes that extreme levels of physical activity, such as that undertaken by endurance athletes and professional football players, may raise the risk of AF.

"To help patients make healthy [lifestyle changes](#), we suggest setting specific, progressive achievable weight and exercise targets, and prescribing lifestyle intervention programs that can provide appropriate supports. Using a pedometer, smartphone/watch apps or other wearable devices that provide activity feedback, as well as apps that help people track food intake, can be helpful to keep people motivated. Encouragement and reinforcement from the patients' physicians and health care team can also increase patients' dedication," said Chung.

Other lifestyle habits that raise the risk of AF include smoking and moderate or high alcohol use. Smoking not only raises the risk of getting AF, it also reduces the effectiveness of a treatment for AF called ablation (a procedure to destroy cells that generate abnormal rhythms). Patients should be counseled to stop smoking and may be referred to a smoking cessation program.

Studies have also found that moderate or high alcohol use—drinking more than 7 drinks/week in women and 14 drinks/week in men—raises the risk of AF. In a recent study, reducing or abstaining from alcohol was shown to improve heart rhythm control.

Although drinking caffeinated beverages has not been shown to increase the risk of AF, about 1 in 4 people with the condition report that it can trigger an episode according to several studies noted in the statement.

The scientific evidence on lifestyle and AF is limited because the studies on the subject are mostly observational, which can identify links but cannot prove cause and effect.

"We need more research in this area, including randomized trials (which can prove cause and effect) to help determine the effects of and the best ways to achieve long-term, lifestyle and [risk factor modification](#) for our patients with AF. In particular, we need further work on the effects of high intensity and other physical activities, and studies on the need for and effects of screening and treating sleep apnea for AF. However, the data emerging support the beneficial effects of lifestyle modification to reduce AF and are a call to action to develop and utilize integrated, multidisciplinary teams and/or structured programs that can facilitate intensive and comprehensive lifestyle counseling for our patients with AF. We encourage health care teams to consider lifestyle interventions in addition to medical management for all patients with AF," said Chung.

More information: *Circulation* (2020). [DOI: 10.1161/CIR.0000000000000748](#)

Provided by American Heart Association

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