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What's the difference between atrial fibrillation and atrial flutter?

Atrial flutters share many characteristics with atrial fibrillation, but the two conditions are quite different in many important ways.

The term 'atrial flutter' is used to describe an unusually fast and irregular heart rhythm. The problem originates in the atria (the upper chambers of the heart) and is brought about by a fault in their electrical circuits. It usually shows itself in older individuals with other cardiovascular complaints such as heart disease or high blood pressure. The most serious complications associated with the condition are thromboembolic events like stroke.

While the above description varies very little from that of atrial fibrillation, the two conditions, although related, differ in a number of ways. Atrial flutter is less common and its symptoms tend

to be less pronounced. The risk of stroke is also lower than that associated with atrial fibrillation. So why is this?

It's all a question of rhythm and beat

Atrial fibrillation is characterised by a fast and above all irregular and erratic heartbeat. As there is little coordination between the atria and the ventricles, there is a risk of blood pooling in the atria, clotting and getting pumped to the brain, causing a stroke.

Atrial flutter, on the other hand, is slightly different. While the heartbeat is irregular, it follows a certain rhythm and the atria are usually able to pump all the blood into the ventricles with every beat. This explains why the risk of stroke is lower.

In addition, the electrical impulses in the heart are much faster for atrial flutter than atrial fibrillation. Atrial fibrillation is characterised by a heart rate of around 100 beats per minute (bpm). With atrial flutter, the atria often register between 250 and 400 beats per minute, although the heart is able to compensate for this, resulting in a heartbeat of 150 to 200 beats per minute.

This is due to the fact that the atrioventricular node (the 'gatekeeper' between the two heart chambers) is able to stop some of the electrical impulses from reaching the ventricles, resulting in different heart rates in the atria and ventricles. On an electrocardiogram a flutter usually shows up as a kind of saw-tooth pattern between the peaks (the beats), which corresponds to these untransmitted impulses.

The treatment for atrial flutter

While atrial flutter is considered to be a chronic condition, it tends to disappear on its own a lot more than atrial fibrillation. As with atrial

fibrillation, doctors sometimes try to treat the condition by controlling the heart's rhythm or trying to keep the heart rate at normal levels and using beta blockers or anticoagulants to prevent blood clots (although in these cases the heart will continue to beat erratically).

While controlling rhythm is usually the main focus of the treatment of atrial flutter, anti-arrhythmic medications are often not very successful in restoring normal sinus rhythm. In fact, the most commonly used anti-arrhythmic drugs can actually increase ventricular rates – provoking something very similar to severe tachycardia.

While electrical cardioversion is often effective in stopping one-off atrial flutters, the main course of treatment is usually radiofrequency ablation. This involves an operation to create small scars around the arrhythmia's electrical focus, thereby stopping the transmission of irregular electrical impulses to the rest of the heart.

Seek medical attention as soon as possible

As we have seen, there are several differences between atrial fibrillation and atrial flutter. However when it comes to prevention, there's no difference whatsoever between the two conditions. Following a heart-healthy diet and exercise plan along with quitting smoking and drinking will all help keep atrial flutter (and its most common complications) at bay. A late diagnosis can lead to a higher risk of stroke, as the damage to the heart has already been done. This makes being tuned in to what's going on in your body vitally important, seeking medical attention as soon as you suspect something's not quite right.

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