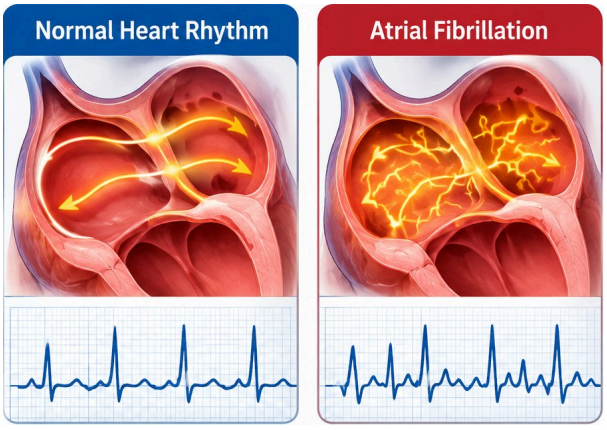
What is atrial fibrillation?

What is it?

Atrial fibrillation (AF) is the most common heart rhythm problem. The top chambers of the heart, the atria, receive chaotic electrical signals. They quiver instead of squeezing properly, so the heartbeat becomes irregular and often fast.

Why it matters: blood can pool in the atria and form clots. A clot can travel to the brain and cause a stroke. AF makes a stroke about five times more likely, but the right treatment lowers that risk a lot.



What you might notice

- A pounding, fluttering or racing heartbeat, called palpitations
- A pulse that feels irregular, with no steady pattern to the beats
- Getting out of breath more easily, especially when you are active
- Feeling unusually tired, or less able to do your usual activities
- Feeling dizzy or light-headed, or fainting or nearly fainting
- Chest pain, tightness or discomfort, which always needs checking

Many people have no symptoms at all. AF is often found by chance at a pulse or blood pressure check, or after a smartwatch alert. A watch cannot diagnose it: you need a heart tracing (ECG).

Types and causes

Comes and goes
Paroxysmal AF. Episodes stop by themselves within 7 days, usually within 2.

Stays until treated
Persistent AF. It lasts longer than 7 days and may need treatment to stop it.

There all the time
Permanent AF. You and your doctor agree to control it, not try to stop it.

Heart conditions
High blood pressure, coronary heart disease, valve disease, heart failure.

Other illness
An overactive thyroid, chest infections such as pneumonia, low salts in the blood.

Lifestyle triggers
Heavy drinking and being overweight. Sometimes no clear cause is found.

Who is more at risk

Aged 65 or over · High blood pressure · Heart disease or heart failure · Diabetes · Overweight · Sleep apnoea · Drinking a lot of alcohol · Past heart or lung surgery

How you can help

Take a blood thinner as prescribed

Do not skip doses or stop without advice. Protection can wear off within a day.

Keep blood thinners safe

Carry your alert card. Ask a pharmacist before taking aspirin, ibuprofen or herbal remedies.

Go easy on alcohol

It can set off AF and raise bleeding risk. Aim for no more than 14 units a week.

Look after your heart

Stop smoking, stay active, lose weight if needed, and keep your blood pressure controlled.

Keep a note of episodes

Write down when symptoms start, how long they last, and your pulse. Bring the notes.

Driving

Do not drive if AF makes you dizzy or faint, and ask us. Check you are still insured.

What the doctor will do

1. **Confirm it.** Check your pulse and arrange a heart tracing (ECG), plus blood tests and sometimes a heart scan.
2. **Work out your risks.** Use scores to estimate your risk of stroke and of bleeding, then talk them through with you.
3. **Protect you from stroke.** Many people are offered a blood thinner (anticoagulant). Aspirin alone is not advised.
4. **Control your symptoms.** Usually tablets to slow the heart. A heart specialist can discuss other options if needed.

Tell the GP: when symptoms started and what sets them off, all your medicines, how much alcohol you drink, and any smartwatch readings.

Call 999 if

- **Stroke signs:** face drooping, arm weakness, or speech problems
- Severe chest pain, severe breathlessness or collapse
- A very fast heartbeat and feeling faint or very unwell
- Bleeding that will not stop, or vomiting blood
- A serious fall or blow to the head on a blood thinner

Contact us the same day if

- A fast or irregular heartbeat has just started or got worse
- You are more breathless, dizzy or tired than usual
- You have unusual bruising, nosebleeds, blood in your urine, or black stools
- You bump your head on a blood thinner, even if you feel fine

Out of hours, call **NHS 24 on 111**.

Living with AF

AF is often long term, but treatment controls symptoms and lowers stroke risk, and most people carry on with everyday life. Have a review at least once a year. Do not stop a blood thinner because AF seems to have gone: it can return unnoticed.

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Out of hours: NHS 24 on 111
More support:
bhf.org.uk

Based on NICE NG196, NICE CKS, BMJ Best Practice and the NHS England atrial fibrillation toolkit. November 2026.
General information, not a personal diagnosis.