

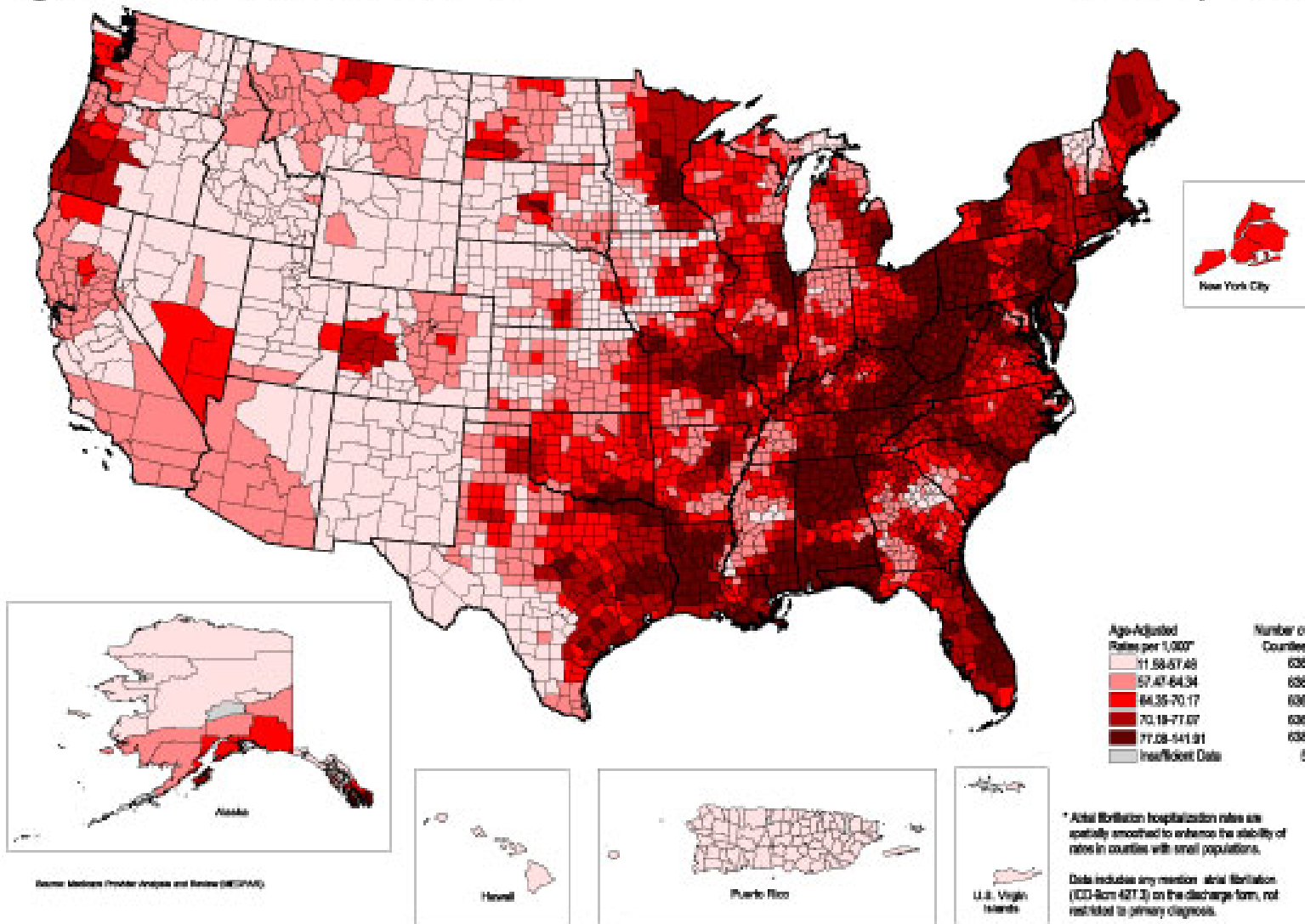


Atrial Fibrillation Fact Sheet



**Fee-For-Service Medicare Beneficiaries
Ages 65 Years and Older 2000-2006**

**Atrial Fibrillation Hospitalization Rates*
Total Population**



Source: Medicare Provider Analysis and Review (MPAR)

Facts on Atrial Fibrillation

- Atrial fibrillation is the most common type of arrhythmia (abnormal heart rhythm).¹
- When atrial fibrillation and other arrhythmias occur, the electrical activity of the heart is disorganized, causing an irregular heartbeat. The irregular heartbeat disrupts the flow of blood through the heart.
- Treatment of atrial fibrillation represents a significant health care burden. The estimated cost of the treatment of atrial fibrillation in 2005 was \$6.65 billion per year, including the costs of hospitalization, in- and outpatient physician care, and medications.²
- An estimated 2.66 million people will have atrial fibrillation in 2010. As many as 12 million people will have the condition by 2050.³
- The incidence of atrial fibrillation increases with age.¹ The median age for patients with atrial fibrillation is 66.8 years for men and 74.6 years for women.³
- The mortality rate from atrial fibrillation as either the primary or an underlying cause of death has been increasing for more than two decades.⁴
- African Americans experience atrial fibrillation at much lower rates than whites.⁵
- Risk factors for atrial fibrillation include high blood pressure, heart failure, diabetes, advanced age, hyperthyroidism, and heart disease.¹
- Symptoms of atrial fibrillation include:
 - Irregular or rapid heartbeat
 - Palpitations
 - Lightheadedness, extreme fatigue
 - Shortness of breath chest pain

However, not all people with atrial fibrillation experience symptoms.

- Atrial fibrillation can be detected with an electrocardiogram (also called an EKG)—a simple, painless test that records the heart's electrical activity.
- Atrial fibrillation treatments include:

- Medications to control the rhythm and rate of the heart
 - Surgery
 - Medication that thins the blood to prevent blood clot formation and reduces the risk of having a stroke
 - Medication and lifestyle changes to reduce the risk factors for atrial fibrillation, which include high blood pressure, obesity, and diabetes
- Stroke and heart failure are the two most common complications of atrial fibrillation.
 - Atrial fibrillation is responsible for 15 to 20 percent of ischemic strokes. During an ischemic stroke, blood flow to the brain is blocked by blood clots or fatty deposits called plaque in blood vessel linings. Atrial fibrillation increases one's risk of suffering an ischemic stroke by five times.³

CDC's Public Health Efforts

CDC's Heart Disease and Stroke Prevention Program

Since 1998, CDC has funded state health departments' efforts to reduce the number of people with heart disease or stroke. Health departments in 41 states and the District of Columbia currently receive funding. Rather than focusing on individual behavioral changes, the program promotes the creation of heart-healthy and stroke-free living and working conditions.

Paul Coverdell National Acute Stroke Registry

CDC funds health departments in seven states—Georgia, Illinois, Massachusetts, Michigan, Minnesota, North Carolina, and Ohio—to collect stroke data through the Paul Coverdell National Acute Stroke Registry. The data collected will help hospitals improve acute stroke care guidelines and practice, which will improve patient outcomes by reducing untimely deaths, preventing disability, and avoiding recurrent strokes.

Cardiovascular Disease Surveillance

CDC is developing a cardiovascular disease surveillance system to monitor the burden of cardiovascular disease throughout the United States. The National Cardiovascular Disease Surveillance System will track cardiovascular disease and its risk factors to enhance planning, implementation, and evaluation of prevention programs and policies across the country.

For More Information

More information on atrial fibrillation, please visit the following Web sites:

- [Centers for Disease Control and Prevention](#)
- [National Heart, Lung, and Blood Institute](#)
- [American Heart Association](#)*

References

1. Fuster V, Ryden LE, Cannom DS, Crijns HJ, Curtis AB, Ellenbogen KA, et al. [ACC/AHA/ESC 2006 Guidelines for the Management of Patients with Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European Society of Cardiology Committee for Practice Guidelines](#).* *Circulation*. 2006;114(7):e257–354.
2. Coyne KS, Paramore C, Grandy S, Mercader M, Reynolds M, Zimetbaum P. [Assessing the direct costs of treating nonvalvular atrial fibrillation in the United States](#).* *Value Health*. 2006 Sep–Oct;9(5):348–56.
3. These are figures from a variety of sources, all compiled in Lloyd-Jones D, Adams RJ, Brown TM, et al. [Heart Disease and Stroke Statistics—2010 Update: a report from the American Heart Association](#). *Circulation*. 2010;121:e91.
4. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death File 1999-2004. CDC WONDER. Series 20 No. 2J, 2007. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Sep 25, 2009.
5. Go AS, Hylek EM, Phillips KA, Chang Y, Henault LD, Selby JV, Singer DE. [Prevalence of diagnosed atrial fibrillation in adults. National implications for rhythm management and stroke prevention: the Anticoagulation and Risk Factors in Atrial Fibrillation \(ATRIA\) Study](#). *JAMA* 2002;285:2370–2375.

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