TOWER BRIDGE HOSPITAL
LONDON

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open Mon–Sat, 9am–7pm (closed Sundays until September)
towerbridgehospital.co.uk

PATIENT INFORMATION · CARDIOVASCULAR

Atrial fibrillation

the commonest preventable cause of severe stroke

Atrial fibrillation is an irregular, often fast heart rhythm. It affects around one in fifty adults and far more over 65, frequently causes no symptoms at all, and multiplies stroke risk about fivefold — strokes that are typically larger and more disabling than others. Treatment prevents most of them.

Call 999 if you have

- **face droop, arm weakness or speech difficulty** — act FAST
- **chest pain lasting more than 15 minutes**, or with sweating and nausea
- **severe breathlessness at rest**, or coughing frothy sputum
- **fainting**, or feeling you are about to lose consciousness
- a **very fast pulse with dizziness and chest tightness**

AF greatly increases stroke risk, and stroke symptoms need an ambulance immediately — clot-busting treatment is time-limited. In an emergency call 999; the nearest emergency department is the Royal London Hospital, Whitechapel Road, London E1 1FR, a major stroke centre.

Checking your own pulse

This takes thirty seconds and finds a condition that is silent in around a third of people who have it. Place two fingers on the inside of your wrist below the thumb. A normal pulse is **regular** — even spacing, like a metronome. In AF it is **irregularly irregular**: no pattern at all to the gaps, and often fast. If it feels chaotic, get an ECG.

Symptoms, if any

- palpitations — fluttering, thumping or racing in the chest
- breathlessness, particularly on exertion
- fatigue and reduced exercise tolerance
- dizziness, light-headedness, chest discomfort
- **Around a third of people have no symptoms** and are found incidentally

Aspirin is not the treatment for stroke prevention in AF

For decades aspirin was given to people with AF who could not or would not take warfarin. **It is no longer recommended** — it is substantially less effective than anticoagulation and carries a similar bleeding risk, so it offers the worst of both. Current treatment is a **direct oral anticoagulant** (apixaban, rivaroxaban, edoxaban or dabigatran), or warfarin in specific circumstances. If you have AF and are on aspirin alone for stroke prevention, that warrants a review.

Assessing your stroke risk

CHA2DS2-VASc
the score that decides anticoagulation

ORBIT
the score that assesses bleeding risk

~2/3 reduction
in stroke risk with anticoagulation

The score counts age, sex, high blood pressure, diabetes, heart failure, vascular disease and previous stroke. Anticoagulation is recommended for most men scoring 1 or more and women scoring 2 or more. **Bleeding risk is assessed to identify modifiable factors — blood pressure, alcohol, medicines — not to withhold treatment.**

Rate or rhythm

- **Rate control** — letting the rhythm stay irregular but slowing it, usually with a beta-blocker. Appropriate for many people, particularly if symptoms are mild.
- **Rhythm control** — restoring normal rhythm with medication, cardioversion or catheter ablation. Favoured for younger people, those with symptoms despite rate control, and where AF is recent.
- **Anticoagulation continues regardless** of which strategy is chosen, and usually even after successful ablation — because AF can recur silently.

What you can change

Reduces AF burden

- Losing excess weight — strong evidence, 10% loss meaningfully reduces episodes
- Treating sleep apnoea, which is present in many people with AF
- Reducing alcohol — one of the clearest triggers
- Controlling blood pressure and diabetes
- Regular moderate exercise

Common triggers

- Binge drinking — so-called holiday heart
- Caffeine in some people, though less than commonly assumed
- Dehydration and acute illness
- An overactive thyroid — always checked at diagnosis
- Stimulants and some decongestants

Driving

You do not need to tell the DVLA about AF for an ordinary car or motorcycle licence provided symptoms are controlled and you are not disabled by dizziness or fainting. **If AF has caused you to faint or feel you might, you must stop driving and notify the DVLA.** Bus, coach and lorry licences have stricter requirements. We can advise on your particular case.

Why come to us. AF is found by a thirty-second pulse check and a ten-minute ECG, and confirming it is what unlocks stroke prevention. We perform **ECG and echocardiography on site with results the same visit**, take thyroid function, kidney function and full blood count in-house, calculate your stroke and bleeding scores with you, and prescribe anticoagulation. Ambulatory monitoring and cardiology procedures are arranged through our CQC-registered partners. Seven days a week, no referral.

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open Mon–Sat, 9am–7pm (closed Sundays until September)

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Cardiology** · **Echocardiography (Echo)** · **Blood Tests** · **Health Screening & MOT** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG196 guidance on atrial fibrillation diagnosis and management. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.