

Atrial flutter

This patient information factsheet explains the condition 'atrial flutter', its causes and the treatment options available.

Atrial Flutter is a problem with the rhythm of the heart (arrhythmia). In this condition, the upper chambers of the heart (atria) beat very rapidly. As the upper chambers are responsible for the control of the heart rhythm, this usually results in your pulse becoming fast.

A person may not feel any symptoms when the heart rhythm changes from normal rhythm to atrial flutter, so it may only be detected by your doctor when you attend for other reasons. However, some people may present with symptoms of palpitations (being able to feel the heart beating fast), shortness of breath, chest pains and tiredness/fatigue. They may also experience occasional feelings of dizziness or light-headedness.

People who have atrial flutter, may at other times have another heart rhythm problem called atrial fibrillation or AF (see AF Association factsheet, Atrial fibrillation).

There are many similarities between these two conditions, but also some important differences. Both can cause the heart rate to increase causing a rapid pulse. In the case of atrial flutter, the pulse can still be regular in it's rhythm. In AF usually the pulse becomes irregular. The basic problem in atrial flutter is that an electrical impulse becomes trapped in a circle of tissue in the right upper heart chamber (right atrium) and goes around this circuit at a rate of 300 beats per minute.

A heart rhythm recording (electrocardiogram or ECG) is necessary to diagnose atrial flutter.

There are many different causes of atrial flutter, such as:

- Lung disease
 - Chronic Obstructive Airways Disease (COPD)
 - Chronic bronchitis
 - Pneumonia
- Disease of the heart valves
- High blood pressure (hypertension)
- Heart failure (Left Ventricular Dysfunction)
- Previous heart attack (myocardial infarction)
- Overactive thyroid gland
- Alcohol.

However, these are not the only causes. Sometimes there may appear to be no obvious cause.

Atrial flutter can increase the risk of stroke. The abnormal heart rhythm causes the blood to pool in the upper chambers of the heart and this may cause the blood to clot. This clot can then be carried to the small blood vessels in the brain where it blocks the blood flow and causes a stroke.

To reduce this risk of stroke your doctor will assess your personal risk factors. Depending on your level of risk they will discuss whether to prescribe an anticoagulant or, if there is a history of other heart conditions such as a heart attack, an antiplatelet like aspirin. Aspirin is no longer recommended for AF if there are no other complicating factors.

There are different ways to treat atrial flutter and these are often used in combination. AF Association has information leaflets available on all of these treatments but below is a brief description of each.

1. Cardioversion

This is the conversion of an abnormal heart rhythm (in this case atrial flutter) to normal rhythm. This can occasionally be accomplished by medications. In the case of atrial flutter, an electrical cardioversion, under sedation or a general anaesthetic, may be suggested to reset the heart rhythm. This is a simple and highly effective treatment.

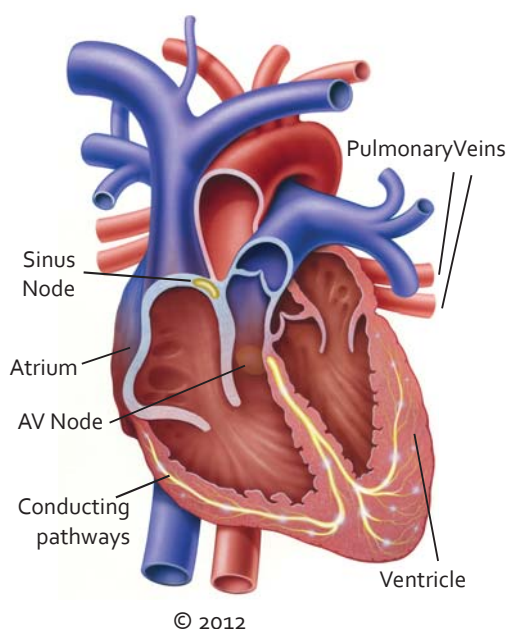
2. Catheter ablation

Often this treatment is considered if atrial flutter recurs following a cardioversion. Sometimes, your doctor may even recommend a catheter ablation as the first treatment, rather than perform a cardioversion. The procedure involves passing wires (catheters) into the heart, usually via the groin or neck veins. One of these wires is then used to apply heat or cold (ablation) to a small area of the heart to prevent atrial flutter recurring.

Atrial flutter is a common heart rhythm disorder that once diagnosed can be treated effectively. If you suffer any of the symptoms described above, contact your GP for an appointment. AF Association has information available on diagnostic tests, medications, and treatments you may need.

3. Medication

For some patients, rather than undergo a cardioversion or catheter ablation, medications (such as beta blockers, calcium channel blockers or digoxin) will be used to slow the speed of the pulse. An antiarrhythmic drug may be recommended to prevent further attacks of atrial flutter.



Acknowledgements: AF Association would like to thank all those who helped in the development and review of this publication. Particular thanks are given to Dr Simon Fynn, Mrs Jayne Mudd, Anya Horne and Dr Matt Fay.