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Nursing Care of Patients with Atrial Fibrillation: A Review

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ABSTRACT

Atrial fibrillation (AF) is a prevalent arrhythmia associated with increased morbidity and mortality, underscoring the importance of comprehensive nursing care. Nurses play a pivotal role in the monitoring, assessment, and education of patients diagnosed with AF. Effective nursing care includes routine evaluation of vital signs, especially heart rate and rhythm, and the use of tools like the CHADS2 and CHA2DS2-VASc scores to assess thromboembolic risk. Nurses should also monitor for symptoms such as palpitations, fatigue, and dyspnea, as well as facilitate timely interventions like the administration of anticoagulants or antiarrhythmic medications. Patient education regarding lifestyle modifications, adherence to prescribed therapies, and recognition of symptoms that warrant immediate medical attention is crucial in managing AF effectively. Moreover, nurses must adopt a holistic approach that considers the psychological and emotional well-being of patients with atrial fibrillation. Anxiety and fear associated with the diagnosis and potential

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complications can significantly affect a patient's quality of life. Providing support through counseling, educational resources, and intervention strategies like relaxation techniques can help mitigate these concerns. Collaborating with interdisciplinary teams ensures that patients receive comprehensive care tailored to their unique needs. Ultimately, the role of nursing in managing atrial fibrillation extends beyond clinical tasks; it encompasses advocacy for patient-centered care that empowers individuals to manage their condition effectively.

KEYWORDS: Atrial Fibrillation, Nursing Care, Patient Education, Anticoagulation, CHADS2 Score, Assessment, Holistic Approach, Interdisciplinary Collaboration, Patient Support, Quality of Life.

1. Introduction

Atrial fibrillation (AF) is the most prevalent arrhythmia in clinical practice, affecting millions of individuals globally. This condition is characterized by disorganized electrical signals in the atria, leading to an irregular and often rapid heart rate. The significance of managing AF effectively cannot be overstated, as it is associated with an increased risk of morbidity and mortality, primarily due to its strong association with stroke and heart failure. As the population ages and the prevalence of AF increases, healthcare providers, particularly nurses, play a critical role in the comprehensive management of these patients [1].

Nursing care for patients with AF encompasses a multifaceted approach that includes risk assessment, education, medication management, and patient support. Nurses are at the forefront of patient interactions within the healthcare setting and thus are strategically positioned to influence patient education and adherence to treatment regimens. Effective management of AF involves addressing patient-specific risk factors, which can vary significantly from person to person, including hypertension, diabetes, obesity, and lifestyle choices such as smoking and physical inactivity. A comprehensive nursing assessment of these factors not only informs the care plan but also helps in targeting specific areas for intervention [2].

The education provided by nurses plays a pivotal role in empowering patients to understand their condition and actively participate in their own care. This educational component should encompass an explanation of AF's nature, its potential complications, and the importance of adhering to prescribed medications, including anticoagulants for stroke prevention. Moreover, discussions around lifestyle modifications, such as diet and exercise, can substantially improve patient outcomes and reduce the progression of AF. According to recent studies, better-informed patients demonstrate improved adherence to treatment, which correlates with lower rates of AF-related complications [3].

Medication management is a critical aspect of nursing care in AF patients. Nurses are responsible for monitoring patients for drug effectiveness and potential side effects, especially given the complexity of anticoagulation therapy. The nuances of anticoagulant management, including the necessity for regular monitoring of coagulation parameters (e.g., INR for Warfarin), can pose significant challenges.

Nurses must be proficient in assessing these parameters and educating patients about their importance in minimizing stroke risk while preventing bleeding complications. Importantly, the introduction of direct oral anticoagulants (DOACs) presents both opportunities and challenges, creating a need for ongoing education regarding their use and monitoring requirements [4].

Furthermore, the emotional and psychological aspects of living with AF cannot be overlooked. Patients often experience anxiety related to their condition, which can impact their quality of life and adherence to treatment. Nursing care must therefore also focus on providing psychosocial support. Strategies can include counseling, coping strategies, and referral to mental health professionals when needed. Research indicates that addressing the emotional well-being of AF patients can significantly enhance their engagement in self-care practices and lead to better clinical outcomes [5].

To ensure that nursing care is rooted in evidence-based practice, there needs to be a continual evaluation of existing research and ongoing education of nurses regarding the latest guidelines in AF management. Nursing research directly influences clinical practice by identifying best practices, enhancing care strategies, and ultimately improving patient outcomes [6].

Assessment and Diagnosis: Key Considerations for Nurses

The initial assessment begins with a comprehensive patient history and physical examination. Nurses should gather information related to the patient's medical history, including previous cardiovascular conditions, family history of heart disease, and the presence of comorbidities such as hypertension, diabetes, or hyperthyroidism. Notably, lifestyle factors, including alcohol intake, tobacco use, and physical activity, may also contribute to the risk of AF [7].

During the physical examination, nurses should monitor vital signs, particularly heart rate and rhythm, to detect irregularities. Assessing peripheral pulses is essential to determine the regularity of the heartbeat. The use of a stethoscope to auscultate heart sounds can help identify any abnormal heart sounds, which could indicate underlying cardiac issues. Any signs of fluid overload, such as jugular venous distension or pulmonary crackles, may suggest heart failure manifestations, which can occur concurrently with atrial fibrillation [8].

Nurses hold a unique position in identifying risk factors associated with AF. The identification of high-risk patients—such as those with advancing age, history of heart disease, or significant hypertension—enables targeted monitoring and preventive strategies. Education plays a vital role, as patients may not be aware of their risk status. Thus, educating patients about lifestyle changes such as weight management, dietary modifications, smoking cessation, and exercise is essential in primary prevention [9].

In addition to modifiable risk factors, nurses should remain vigilant about non-modifiable factors like genetics and age. Utilization of screening tools for assessing stroke risk, such as the CHA2DS2-VASc scoring system, can aid nurses in evaluating patients' need for anticoagulation therapy, thus enhancing the quality of care provided [10].

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The confirmation of atrial fibrillation typically involves the use of an electrocardiogram (ECG). Nurses should be proficient in obtaining and interpreting ECGs, recognizing the signature findings of AF, which include an absence of distinct P waves and an irregularly irregular ventricular rate. Prolonged monitoring using Holter monitors or event recorders may be necessary for patients with paroxysmal AF to capture intermittent episodes [11].

In addition to ECG, echocardiography is a critical diagnostic tool that nurses may encounter in the assessment of AF patients. It helps evaluate cardiac structure and function, allowing for the assessment of left atrial size, valvular heart disease, and left ventricular function. The integration of these diagnostic procedures in practice reinforces the importance of a holistic approach in patient assessment and diagnosis [12].

The impact of early detection of atrial fibrillation on patient outcomes cannot be overstated. Recognizing AF allows for timely therapeutic interventions aimed at rate or rhythm control and prevention of stroke. Nurses, as part of the healthcare team, must ensure that patients receive appropriate management options, which may include pharmacologic treatments, lifestyle modification, and, in some cases, procedural interventions such as electrical cardioversion or ablation [13].

Moreover, education and self-management strategies are essential components of patient care. Nurses should facilitate discussions about the significance of adherence to anticoagulant therapy, the necessity of regular follow-up appointments, and the importance of monitoring for symptoms suggestive of stroke, thus empowering patients to participate actively in their care [14].

Monitoring Protocols for Patients with Atrial Fibrillation

Monitoring patients with atrial fibrillation holds several vital functions. First, it allows healthcare providers to assess the effectiveness of therapeutic interventions, such as rate or rhythm control medications and anticoagulants. Second, routine monitoring can help detect complications of AF, notably thromboembolic events like strokes. Third, continuous monitoring can identify any new or worsening symptoms early, prompting timely intervention. Lastly, regular follow-up can improve patient adherence to prescribed therapies and lifestyle modifications, enhancing overall management [15].

Monitoring protocols for patients with atrial fibrillation typically focus on several key parameters [16-18]:

- 1. Heart Rate: The primary goal in the management of AF is to control the heart rate, aiming for a resting heart rate typically less than 110 beats per minute. Monitoring helps to gauge the efficacy of rate-control agents, such as beta-blockers or calcium channel blockers.
- 2. Rhythm Assessment: Patients may be managed with rhythm control strategies, such as antiarrhythmic medications or catheter ablation. Monitoring through electrocardiograms (ECGs) is necessary to evaluate the presence of AF, atrial flutter, or return to normal sinus rhythm.

- 3. Anticoagulation Status: Due to the increased thromboembolic risk associated with AF, monitoring the effectiveness of anticoagulation therapy is critical. Utilizing tools such as the CHA2DS2-VASc score can help assess stroke risk and guide anticoagulation decisions.
- 4. Symptom Tracking: Patient-reported outcomes, such as the frequency and intensity of AF-related symptoms, provide valuable insight into the condition's impact on day-to-day functioning.
- 5. Comorbidity Management: Comorbid conditions such as hypertension, diabetes, and heart failure require monitoring and control, given their association with the exacerbation of AF symptoms and complications.

Several methods and technologies are employed in monitoring patients with AF [19-22]:

- 1. Electrocardiography (ECG): Traditional 12-lead ECGs remain a gold standard for diagnosing AF and monitoring its progression. They allow for the assessment of heart rhythm and rate, although they may not provide continuous data.
- 2. Holter Monitors: These portable devices allow for continuous, 24-hour monitoring of heart rhythms, providing valuable data on arrhythmias and their symbiotic relationship with the patient's symptoms and activities.
- 3. Event Recorders: These devices are useful for patients experiencing intermittent symptoms. They allow patients to record their heart rhythm at the moment they experience symptoms, offering insights into transient arrhythmias.
- 4. Wearable Devices: Advancements in technology have led to the proliferation of smartwatches and fitness trackers endowed with the capacity to monitor heart rate and rhythm. These devices offer non-intrusive options for continuous self-monitoring and can alert patients to potential episodes of AF.
- 5. Smartphone Applications: Mobile health applications can allow patients to keep a diary of symptoms and medication adherence while sharing the data with their healthcare provider. Some applications even facilitate remote ECG monitoring.
- 6. Remote Patient Monitoring: Telehealth solutions have become increasingly significant, especially following the COVID-19 pandemic. Remote monitoring allows healthcare providers to keep track of a patient's health status while reducing the need for in-person visits, thus enhancing accessibility.

Despite advancements in monitoring protocols for AF, challenges persist. High variability in individual patients' responses to treatment necessitates personalized monitoring approaches. Furthermore, healthcare disparities may affect patients' access to advanced monitoring technologies. Moreover, patient adherence to monitoring regimens, including the consistent use of devices and reporting of symptoms, remains an ongoing challenge [23].

Looking to the future, the integration of artificial intelligence (AI) and big data analytics into AF monitoring could revolutionize patient management. AI algorithms can analyze vast amounts of data from wearable devices and electronic health records to predict AF episodes or complications, leading to more proactive

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management. Additionally, personalized medicine—tailoring treatment strategies based on genetic, environmental, and lifestyle factors—can enhance monitoring protocols and improve patient outcomes [24].

The Role of Nurses in Patient Education

Nurses are often the first point of contact for patients diagnosed with atrial fibrillation, making their role in education paramount. The primary goal of nursing education in this context is to empower patients with knowledge and skills that foster self-management of their condition. This multifaceted approach involves several key components [25]:

- 1. Basic Understanding of AF: Nurses need to provide clear, understandable information about what atrial fibrillation is, how it develops, and its potential complications. Simplifying complex medical jargon into layman's terms helps patients grasp their condition better [26].
- 2. Medication Management: Patients with AF are typically prescribed anticoagulants and other heart rhythm medications. Education on the importance of adherence to prescribed medications is crucial. Nurses should explain the purpose of each medication, possible side effects, and the importance of regularly scheduled blood tests (for instance, INR testing for those on Warfarin) [26].
- 3. Recognition of Symptoms: It is vital for patients to recognize symptoms of atrial fibrillation and related complications. Nurses should teach patients how to self-monitor their heart rate and identify warning signs that require immediate medical attention, such as chest pain, severe dizziness, or significant shortness of breath [14].
- 4. Lifestyle Modifications: Nurses can guide patients on adopting lifestyle changes that mitigate AF symptoms and reduce overall cardiovascular risk. This may include dietary recommendations (such as reducing sodium and alcohol intake), promoting regular physical activity, smoking cessation, and weight management. Providing resources and referrals to dietitians and physical therapists can be beneficial [9].
- 5. Stress Management and Coping Strategies: Emotional well-being is paramount for patients with chronic conditions. Nurses should educate patients on stress management techniques, including mindfulness, meditation, and breathing exercises. These tools can help patients manage anxiety related to their condition and improve their overall quality of life [14].
- 6. Support Systems: Establishing a support system is essential for individuals managing chronic illnesses. Nurses should encourage patients to communicate openly with family members and friends about their condition. Additionally, connecting patients with support groups can foster a sense of community and shared experience, which is invaluable for emotional support [11].

The integration of technology in patient education has transformed how nurses provide information to patients. Telehealth platforms, mobile health applications, and online educational resources can supplement traditional methods of patient education. Nurses can leverage these tools to deliver educational content in more

interactive and engaging formats, allowing patients to review materials at their own pace [27].

For instance, telehealth consultations can facilitate ongoing monitoring and education, especially for patients unable or unwilling to attend in-person appointments. Mobile applications can assist patients in tracking their heart rates, medication adherence, and symptoms, fostering a more proactive approach to self-management [28].

To ensure the effectiveness of educational interventions, nurses must evaluate patient understanding and capability in self-management. This can be achieved through follow-up assessments, where nurses ask questions to gauge knowledge retention and practical application of the information learned. Role-playing scenarios or using teach-back methods—asking patients to explain back what they've learned—can be effective in confirming understanding and reinforcing key concepts [29].

Enhancing Outcomes in Atrial Fibrillation Management:

Given the complexity of AF, interdisciplinary collaboration is crucial. Cooperation among various healthcare providers allows for comprehensive patient assessments that consider multiple dimensions of health, thereby promoting holistic management. Each discipline brings essential expertise that can significantly impact patient outcomes [30:

1. Cardiology: The Cornerstone

Cardiologists are primarily responsible for diagnosing AF and establishing initial treatment plans, which may involve anticoagulation, antiarrhythmic medications, or catheter ablation. They play a crucial role in risk stratification, determining the appropriate management based on the patient's stroke risk, heart function, and potential complications [31].

2. Nursing: The Patient Advocates

Nurses play an essential role in patient education, symptom monitoring, and adherence to treatment. Their interactions with patients help identify barriers to effective management, such as medication side effects or misunderstandings regarding the condition. Nurses are ideally positioned to facilitate communication between patients and the multidisciplinary team, ensuring that patient-centered care is prioritized [32].

3. Pharmacology: Medication Management

Pharmacists contribute significantly by managing medications, performing medication reconciliation, and providing counseling on anticoagulation therapy. Given the complexity of AF treatment, including the use of direct oral anticoagulants (DOACs) and antiarrhythmic drugs, pharmacists can help optimize pharmacotherapy, minimizing side effects and ensuring adherence to prescribed regimens [33].

4. Psychology and Behavioral Health: Addressing Psychological Comorbidities

Haila Atewi Balhood Alenzi, Haya Mohammed Dhafer Alshahrani, Amal Hamoud Rabea Al-Malki, Hanouf Ali Hamid Al-Sheikhi, Salha Mohammed Ali Al-Rashidi, Abrar Minshut Said Al-Shahrani, Nourah Hassan Abdullah Al-Zahrani, Hind Abidalleh A Al-jahane, Amnah Ibrahim Salem AlMarhabi, Khayrah Ali Ahmed Alakasi

The psychological impact of chronic conditions like AF can be profound, leading to anxiety and depression that can adversely affect compliance and quality of life. Psychologists and behavioral health specialists can assess and address these mental health conditions, providing strategies for coping, resilience, and lifestyle modifications that are aligned with overall treatment goals [34].

5. Rehabilitation Specialists: Promoting Physical Health

Cardiac rehabilitation specialists are invaluable in helping patients develop exercise regimens that accommodate their condition. Regular physical activity is associated with improved cardiovascular health and reduced AF symptoms. They can help design individualized programs that consider patients' comorbidities and overall physical condition [35].

6. Nutritionists: Lifestyle Modifications

Nutritionists address dietary habits that play a critical role in managing AF and its associated risk factors, such as hypertension and obesity. Tailored dietary interventions can help control weight, reduce hypertension, and potentially influence AF burden [36].

Interdisciplinary collaboration enhances AF management in numerous ways:

1. Comprehensive Care Plans

By leveraging the diverse expertise of team members, healthcare providers can develop comprehensive care plans that take into account the varied aspects of a patient's health. This multidimensional approach helps ensure that all aspects of AF are addressed, from physiological to psychosocialc [37].

2. Improved Patient Education and Engagement

Interdisciplinary teams can provide consistent messaging and education to patients, increasing their understanding of the condition and encouraging active participation in their care. Patients who are well-informed about their condition and treatment options tend to be more engaged and adhere to prescribed therapies, ultimately leading to better outcomes [38].

3. Streamlined Communication and Decision-Making

Regular interdisciplinary meetings facilitate communication between specialists. This can lessen the fragmentation of care often experienced in a clinical setting, allowing for timely decision-making and coordinated interventions that address the patient's overall health needs [39].

4. Enhanced Monitoring and Follow-Up

A collaborative team can provide better monitoring of patients with AF, including regular follow-ups and reassessments, which are crucial for adjusting treatment plans in response to changes in health status or the emergence of new symptoms [40].

Despite the clear benefits of collaborative care for AF management, several challenges frequently arise:

1. Communication Barriers

Differences in terminology, practice protocols, and workflows can create confusion and impede effective communication among team members. Establishing standardized communication tools and regular meetings can help mitigate these challenges [41].

2. Cultural Differences

Members of different disciplines may have varying expectations and priorities based on their professional training and experiences. Promoting a culture of mutual respect and understanding is essential to fostering a collaborative atmosphere [42].

3. Resource Limitations

In many healthcare settings, limited resources—such as staffing shortages or inadequate funding—can hinder the establishment or sustainability of interdisciplinary teams. Advocacy for appropriate resource allocation is essential to support these initiatives [43].

2. Conclusion

In conclusion, nursing care for patients with atrial fibrillation is multifaceted, requiring a blend of clinical expertise, patient education, and psychosocial support to enhance outcomes and improve quality of life. Nurses play an essential role in the continuous assessment and monitoring of AF patients, tailoring interventions to manage symptoms and reduce the risk of complications. By implementing evidence-based practices, such as the use of risk scoring systems and targeted pharmacological therapies, nurses can significantly influence patient safety and treatment efficacy.

Moreover, addressing the emotional and psychological dimensions of living with atrial fibrillation is crucial in fostering a supportive environment where patients feel empowered to manage their condition. Through effective communication, education, and collaboration with interdisciplinary healthcare teams, nurses can advocate for patient-centered care that considers the individual needs of each patient. As the prevalence of atrial fibrillation increases, the commitment of nursing professionals to delivering comprehensive, compassionate care will remain vital in ensuring positive health outcomes and enhancing the overall well-being of those affected by this condition.

References

- Karnad A, Pannelay A, Boshnakova A, Lovell AD, Cook RG. Stroke prevention in Europe: how are 11 European countries progressing toward the European Society of Cardiology (ESC) recommendations? Risk Manag Healthc Policy. 2018;11:117-125.
- Choi YJ, Choi EK, Han KD, Jung JH, Park J, Lee E, Choe W, Lee SR, Cha MJ, Lim WH, Oh S. Temporal trends of the prevalence and incidence of atrial fibrillation and stroke among Asian patients with hypertrophic cardiomyopathy: A nationwide population-based study. Int J Cardiol. 2018 Dec 15;273:130-135.
- Bai CJ, Madan N, Alshahrani S, Aggarwal NT, Volgman AS. Sex Differences in Atrial Fibrillation-Update on Risk Assessment, Treatment, and Long-Term Risk. Curr Treat Options Cardiovasc Med. 2018 Aug 27;20(10):79.

- Haila Atewi Balhood Alenzi, Haya Mohammed Dhafer Alshahrani, Amal Hamoud Rabea Al-Malki, Hanouf Ali Hamid Al-Sheikhi, Salha Mohammed Ali Al-Rashidi, Abrar Minshut Said Al-Shahrani, Nourah Hassan Abdullah Al-Zahrani, Hind Abidalleh A Al-jahane, Amnah Ibrahim Salem AlMarhabi, Khayrah Ali Ahmed Alakasi
- Pharithi RB, Ranganathan D, O'Brien J, Egom EE, Burke C, Ryan D, McAuliffe C, Vaughan M, Coughlan T, Morrissey E, McHugh J, Moore D, Collins R. Is the prescription right? A review of non-vitamin K antagonist anticoagulant (NOAC) prescriptions in patients with non-valvular atrial fibrillation. Safe prescribing in atrial fibrillation and evaluation of non-vitamin K oral anticoagulants in stroke prevention (SAFE-NOACS) group. Ir J Med Sci. 2019 Feb;188(1):101-108.
- Dan GA, Iliodromitis K, Scherr D, Marín F, Lenarczyk R, Estner HL, Kostkiewicz M, Dagres N, Lip GYH. Translating guidelines into practice for the management of atrial fibrillation: results of an European Heart Rhythm Association Survey. Europace. 2018 Aug 01;20(8):1382-1387.
- Brieger D, Amerena J, Attia JR, Bajorek B, Chan KH, Connell C, Freedman B, Ferguson C, Hall T, Haqqani HM, Hendriks J, Hespe CM, Hung J, Kalman JM, Sanders P, Worthington J, Yan T, Zwar NA. National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Australian clinical guidelines for the diagnosis and management of atrial fibrillation 2018. Med J Aust. 2018 Oct 15;209(8):356-362.
- Markides V, Schilling RJ. Atrial fibrillation: classification, pathophysiology, mechanisms and drug treatment. Heart. 2003 Aug;89(8):939-43.
- Amin A, Houmsse A, Ishola A, Tyler J, Houmsse M. The current approach of atrial fibrillation management. Avicenna J Med. 2016 Jan-Mar;6(1):8-16.
- McManus DD, Rienstra M, Benjamin EJ. An update on the prognosis of patients with atrial fibrillation. Circulation. 2012 Sep 04;126(10):e143-6.
- Tarride JE, Quinn FR, Blackhouse G, Sandhu RK, Burke N, Gladstone DJ, Ivers NM, Dolovich L, Thornton A, Nakamya J, Ramasundarahettige C, Frydrych PA, Henein S, Ng K, Congdon V, Birtwhistle RV, Ward R, Healey JS. Is Screening for Atrial Fibrillation in Canadian Family Practices Cost-Effective in Patients 65 Years and Older? Can J Cardiol. 2018 Nov;34(11):1522-1525.
- Robert R, Porot G, Vernay C, Buffet P, Fichot M, Guenancia C, Pommier T, Mouhat B, Cottin Y, Lorgis L. Incidence, Predictive Factors, and Prognostic Impact of Silent Atrial Fibrillation After Transcatheter Aortic Valve Implantation. Am J Cardiol. 2018 Aug 01;122(3):446-454.
- Mohanty S, Trivedi C, Gianni C, Natale A. Gender specific considerations in atrial fibrillation treatment: a review. Expert Opin Pharmacother. 2018 Mar;19(4):365-374.
- Peters SAE, Woodward M. Established and novel risk factors for atrial fibrillation in women compared with men. Heart. 2019 Feb;105(3):226-234.
- Laäs DJ, Naidoo M. Oral anticoagulants and atrial fibrillation: A South African perspective. S Afr Med J. 2018 Jul 25;108(8):640-646.
- Weiss, B. D., Mays, M. Z., Martz, W., Castro, K. M., DeWalt, D. A., Pignone, M. P., ... Hale, F. A. (2005). Quick assessment of literacy in primary care: The Newest Vital Sign. Annals of Family Medicine, 3(6), 514–522.
- Morisky, D. E., Ang, A., Krousel-Wood, M., & Ward, H. J. (2008). Predictive validity of a medication adherence measure in an outpatient setting. The Journal of Clinical Hypertension, 10(5), 348–354.
- Offutt, C. (2004). Atrial fibrillation in the heart failure population. Journal of Cardiovascular Nursing, 19, S3–S10.
- Treskes, R. W., Van der Velde, E. T., Schoones, J. W., & Schalij, M. J. (2018). Implementation of smart technology to improve medication adherence in patients with cardiovascular disease: Is it effective? Expert Review of Medical Devices, 15(2), 119–126.
- Mohamed, S., Abdul Razak, T., Hashim, R., & Mohd, A. Z. (2017). Knowledge of atrial fibrillation and stroke prevention: Development of questionnaire and validation of results. Journal of Pharmacy Technology, 33(1), 31–39.
- Neubeck, L., Barclay, K., Dunn, M., Oliver, C., Armitage, W., Hodson, P., ... Quinn, T. J.

- (2018). Blueprint for change in AF: The Scottish national inquiry. British Journal of Cardiac Nursing, 13(2), 64–69.
- Siouta, E., Hellström Muhli, U., Hedberg, B., Broström, A., Fossum, B., & Karlgren, K. (2016). Patients' experiences of communication and involvement in decision-making about atrial fibrillation treatment in consultations with nurses and physicians. Scandinavian Journal of Caring Sciences, 30(3), 535–546.
- Stewart, S. (2004). Epidemiology and economic impact of atrial fibrillation. Journal of Cardiovascular Nursing, 19(2), 94–102.
- Toscos, T., Daley, C., Heral, L., Doshi, R., Chen, Y.-C., Eckert, G. J., ... Mirro, M. J. (2016). Impact of electronic personal health record use on engagement and intermediate health outcomes among cardiac patients: A quasi-experimental study. Journal of the American Medical Informatics Association, 23(1), 119–128.
- McCabe, P. J., Schad, S., Hampton, A., & Holland, D. E. (2008). Knowledge and self-management behaviors of patients with recently detected atrial fibrillation. Heart & Lung, 37(2), 79–90.
- Taitel, M. S., Mu, Y., Gooptu, A., & Lou, Y. (2017). Impact of late-to-refill reminder calls on medication adherence in the medicare part D population: Evaluation of a randomized controlled study. Patient Preference and Adherence, 11, 373–379.
- McCabe, P. J., Schumacher, K., & Barnason, S. A. (2011). Living with atrial fibrillation: A qualitative study. Journal of Cardiovascular Nursing, 26(4), 336–344.
- Zimbudzi, E., Lo, C., Ranasinha, S., Kerr, P. G., Polkinghorne, K. R., Teede, H., ... Zoungas, S. (2017). The association between patient activation and self-care practices: A cross-sectional study of an Australian population with comorbid diabetes and chronic kidney disease. Health Expectations, 20(6), 1375–1384.
- McCabe, P. J., & Barnason, S. A. (2012). Illness perceptions, coping strategies symptoms contribute to psychological distress in patients with recurrent symptomatic atrial fibrillation. Journal of Cardiovascular Nursing, 27(5), 431–444.
- Jacobson, A. F., Sumodi, V., Albert, N. M., Butler, R. S., DeJohn, L., Walker, D., ... Ross, D. M. (2018). Patient activation, knowledge health literacy association with self-management behaviors in persons with heart failure. Heart & Lung, 47(5), 447–451.
- Hendriks, J. M. L., Crijns, H. J. G. M., Tieleman, R. G., & Vrijhoef, H. J. M. (2013). The atrial fibrillation knowledge scale: Development, validation and results. International Journal of Cardiology, 168(2), 1422–1428.
- Heidbuchel, H., Verhamme, P., Alings, M., Antz, M., Diener, H.-C., Hacke, W., ... Kirchhof, P. (2017). Updated European Heart Rhythm Association practical guide on the use of non-vitamin-K antagonist anticoagulants in patients with non-valvular atrial fibrillation: Executive summary. European Heart Journal, 38(27), 2137–2149.
- Hibbard, J. H., Greene, J., & Tusler, M. (2009). Improving the outcomes of disease management by tailoring care to the patient's level of activation. American Journal of Managed Care, 15(6), 353–360.
- McCabe, P. J. (2008). Self-management of atrial fibrillation: A new frontier for nursing research. Progress in Cardiovascular Nursing, 23(1), 37–40.
- Marquez-Contreras, E., Martell-Claros, N., Marquez-Rivero, S., Hermida-Campa, E., Gracia-Diez, C., Sanchez-Lopez, E., & Gil-Guillen, V. (2018). Strategies for improving dabigatran adherence for stroke prevention in patients with non-valvular atrial fibrillation: Education and drug intake reminders (FACILITA study). Current Medical Research and Opinion, 34(7), 1301–1308.
- Mas Dalmau, G., Sant Arderiu, E., Enfedaque Montes, M. B., Solà, I., Pequeño Saco, S., & Alonso Coello, P. (2017). Patients' and physicians' perceptions and attitudes about oral anticoagulation and atrial fibrillation: A qualitative systematic review. BMC Family Practice, 18, 1–11.
- Lip, G. Y. H., Lane, D. A., & Sarwar, S. (2017). Streamlining primary and secondary care management pathways for stroke prevention in atrial fibrillation. European Heart Journal,

- Haila Atewi Balhood Alenzi, Haya Mohammed Dhafer Alshahrani, Amal Hamoud Rabea Al-Malki, Hanouf Ali Hamid Al-Sheikhi, Salha Mohammed Ali Al-Rashidi, Abrar Minshut Said Al-Shahrani, Nourah Hassan Abdullah Al-Zahrani, Hind Abidalleh A Al-jahane, Amnah Ibrahim Salem AlMarhabi, Khayrah Ali Ahmed Alakasi
 - 38(40), 2980–2982.
- Koponen, L., Rekola, L., Ruotsalainen, T., Lehto, M., Leino-Kilpi, H., & Voipio-Pulkki, L.-M. (2008). Patient knowledge of atrial fibrillation: 3-month follow-up after an emergency room visit. Journal of Advanced Nursing, 61(1), 51–61.
- Harkness, K., Spaling, M. A., Currie, K., Strachan, P. H., & Clark, A. M. (2015). A systematic review of patient heart failure: Self-care strategies. Journal of Cardiovascular Nursing, 30(2), 121–135.
- Inglis, S., McLennan, S., Dawson, A., Birchmore, L., Horowitz, J. D., Wilkinson, D., & Stewart, S. (2004). A new solution for an old problem? Effects of a nurse-led, multidisciplinary, home-based intervention on readmission and mortality in patients with chronic atrial fibrillation. Journal of Cardiovascular Nursing, 19(2), 118–127.
- Hendriks, J. M. L., Crijns, H. J. G. M., & Vrijhoef, H. J. M. (2015). Integrated chronic care management for patients with atrial fibrillation: A rationale for redesigning atrial fibrillation care. Journal of Atrial Fibrillation, 7(5), 45–50.
- Kitzinger, J. (1995). Qualitative research: Introducing focus groups. British Medical Journal (Clinical Research Ed.), 311(7000), 299–302.
- Maikranz, V., Siebenhofer, A., Ulrich, L.-R., Mergenthal, K., Schulz-Rothe, S., Kemperdick, B., ... Petersen, J. J. (2017). Does a complex intervention increase patient knowledge about oral anticoagulation? A cluster-randomised controlled trial. BMC Family Practice, 18(1), 15.
- McCabe, P. J. (2005). Spheres of clinical nurse specialist practice influence evidence-based care for patients with atrial fibrillation. Clinical Nurse Specialist, 19, 308–319.