

Review article

Stratification, inducing agents, assessment techniques and list of medications and its adverse effects for treating atrial fibrillation

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Abstract

Distinctive atrial fibrillation types poses different morbidity rates, treatment options, prognoses and mortality rates. For example the congenital heart disease or any structural modifications in the mitral valve which leads to valvular atrial fibrillation carries the maximum risk of stroke. The atrial fibrillation caused mainly by a reversible and an underlying condition which can be treated is referred to as secondary atrial fibrillation. Among the two mechanisms-The first is the depolarizing foci (1 or more) are enhanced automaticity for the triggering and atrial fibrillation maintenance. The second is the aberrant circuits which are one or more leading to reentry. Atrial remodeling occurs if the atrial fibrillation is persisted. It can be characterized by the appearance of fibrosis in patches; sino-atrial node contains fatty infiltration, cellular energy usage and depolarization pattern is changed, molecular modifications in the ion channel, collagen is deposited abnormally and excessively and apoptosis occurs. The rhythm control and the rate control are the two main strategies compared for atrial fibrillation treatment. The medication given for atrial fibrillation aims for reduction of stroke risk accompanied with anticoagulants and warfarin. Along with these medications, rate controlling medications are combined for bringing the normal beat rate of heart. If the heart rate or the symptoms are uncontrollable with the initial treatment, the doctors prescribe different medications for controlling the heart rhythm for bringing heart rhythm to normal. Heart failure, irregular heart rate, clot prevention, racing and preventing the stroke are the symptoms to be controlled by designing the atrial fibrillation treatment.
