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MARTIN VAN ZYL: Hello, and welcome to the Mayo Clinic Medscape video series. I'm Martin van Zyl, cardiology fellow at Mayo Clinic. Today we will be discussing a very important and under-recognized problem-- asymptomatic atrial fibrillation. I'm joined by my colleague, Dr. Christopher DeSimone, assistant professor of medicine and expert in this area. Welcome, Chris.

CHRISTOPHER DESIMONE: Thank you so much. And thank you for having me today. I think this is a very important topic and one, as an electrophysiologist, we really love to discuss and think about, because we have an opportunity to really help our patients in significant ways, and make them feel better.

MARTIN VAN ZYL: Absolutely. And why do you think asymptomatic atrial fibrillation is potentially a big problem?

CHRISTOPHER DESIMONE: I think asymptomatic-- well, two things. First is that we need to define if the patient's really asymptomatic or not. And for that, that's all based on your clinical history, and the feel that you're getting from the patient of, when they're in atrial fibrillation, if they're having symptoms or not, or how atrial fibrillation's affected their lifestyle. I think that's one part. The second part is how is it came about. Everybody's wearing gadgets, and Fitbits, and Apple Watches, and things, and now things say, oh, I'm in atrial fibrillation. Let me go see my doctor.

So I think it's going to become more and more prevalent. And as the population ages, AFib becomes more and more prevalent. So it's really important for what to do on that, because it's going to have major implications in their lifestyle.

So first thing that it's going to do is potentially cause patients symptoms. The second thing is it's going to put them at a higher risk for stroke as well as heart failure. So I think getting into that, improving their quality of life, and protecting them from those other comorbidities is very important.

MARTIN VAN ZYL: Absolutely. So what is your approach to the patient with asymptomatic atrial fibrillaiton.

CHRISTOPHER DESIMONE: First approach is, really listen to the patient. So see them face to face, figure out what brought them in. Sometimes it could be, well, Doc, I was just having a colonoscopy, and during the anesthesia, they saw AFib on my rhythm, and just wanted to figure out what to do about this.

So then I move right to saying, hmm, well, what type of symptoms are you having? Sometimes they're, well, I don't feel any difference. They just told me that. But I really, really press on them, and say, well, tell me what's going on in your lifestyle, and how active you are, and what could you do that you didn't do in the past.

Sometimes you'll hear, well, I think I'm just getting older, and I'm not able to do what I used to. And that starts to clue me in to say, hmm, maybe that's not the cause, but maybe it's the atrial fibrillation.

So I really want to say, how does the patient feel when they're in sinus rhythm compared to the AFib relation, which they've either been accustomed to or they've gradually adopted.

MARTIN VAN ZYL: So would there'd be a scenario where you would actually want to intervene on someone who has asymptomatic atrial fibrillation?

CHRISTOPHER DESIMONE: Yeah. So I think one big thing would be if someone had a reduced ejection fraction, or if their heart pumping function was lower than it was previously. Or if they were having certain symptoms of heart failure-- some patients say, I see there's a lot of swelling in my legs, or they've been treated a couple times for the flu or pneumonia, and they haven't gotten better with antibiotics. Then you kind of examine them, and you see if they're starting to present with either mild heart very symptoms, or sometimes you even see them in the hospital, having a decompensated heart failure episode.

That, I think, is a key thing that we can intervene on. Because sometimes the atrial fibrillation, part and parcel, is driving that atrial fibrillation.

Caveat to that is if you have heart failure, and you have higher pressures in the left atrium of your heart, you could also be akin to going into atrial fibrillation as well. So that's something that I think we could really intervene on, and really help patients.

MARTIN VAN ZYL: Brings me to my next question. How do you intervene on these patients. What's your approach to the asymptomatic atrial fibrillation patient with heart failure?

CHRISTOPHER DESIMONE: Exactly. So usually these patients tend to come to you, and they'll be in atrial fibrillation for quite some time. You might not be able to define when they first started or stopped. But usually what I'll do is use our best drug, Amiodarone, and I'll put them on that for a couple of days, or even a week. And then I'll bring them back and I'll cardiovert them, get them into sinus rhythm.

And then I'll bring them back in three months. Three months' time, I'll repeat the echocardiogram, repeat their ECG, and also ask them how they're feeling symptomatically. So I want to see if we can improve their heart failure if we've controlled their atrial fibrillation. And if that's the key, I think that merits a more aggressive approach to treating this, quote, asymptomatic atrial fibrillation, and then intervening and helping the patients.

MARTIN VAN ZYL: Sure, sure. Thank you so much, Dr. DeSimone, for your insights on this really important problem. And thank you for joining us on theheart.org Medscape Cardiology.

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