



Atrial Fibrillation and COVID-19 (Coronavirus)

Overall guidance for those with atrial fibrillation (AF)

- Those at a higher risk of becoming infected with COVID-19 and developing serious complications are either:
 - Aged 60 +
 - Have a chronic condition such as heart disease, heart failure, high blood pressure, diabetes, lung disease/COPD, cancer, kidney disease, liver disease, or other chronic conditions. (CDC)
- It is our understanding that you are not at an increased risk if your only condition is AF.
- Being on anticoagulant medication alone does not increase your risk.
- Those with cardiovascular disease should be up to date on their flu and pneumococcal vaccinations.
- Many AF patients have underlying heart disease. The following information is relevant to those.
 - COVID-19 targets the lungs, making them work harder, thus causing the heart to work harder too.
 - Those with heart failure are especially affected as the heart needs to work harder to pump effectively.
 - Some heart patients might have weakened immune systems, making it harder to fight off the virus.
- If patients taking warfarin as an anticoagulant contract COVID-19, it is not currently known whether it might affect your INR levels.
- If you are taking warfarin and self-isolating and your INR levels are (reasonably) stable then you should continue as usual. If you are genuinely concerned about labile INR results then you may discuss with your GP through a telephone consultation. In some cases, switching to a DOAC (direct-acting oral anticoagulant) such as Apixaban, Dabigatran, Edoxaban or Rivaroxaban can be helpful as these do not require regular blood tests and have fewer dietary restrictions. This would require a doctor's appointment so please consider carefully the urgency of discussing this matter with your GP.

Should AF patients self-isolate?

- If you have an underlying condition listed above, you should self-isolate.
- If you are aged over 70, you should self-isolate.

For AF patients under 70 with no underlying conditions, we recommend considering self-isolation for 7-14 days. Or at very least, social distancing.

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UK Government guidelines can be found as follows:

Information on staying at home if you think you have coronavirus (**self-isolating**):
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

Information on **social distancing** to help stop coronavirus from spreading:
<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

For those with underlying conditions, and if you receive a letter from the NHS advising you that you are in the “high risk category”, please follow the government’s advice regarding **shielding**. This can be found at <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19?fbclid=IwAR3g3EV7TdxVXkUe6D8SG4zDIz3Q5IeucNjy2MblWdFJFiOsd0iWGy4KJXw>

On 23 March 2020, Mr Boris Johnson, PM, announced new Stay At Home rules. Please visit <https://www.gov.uk/coronavirus> for more information.

For information on AF, treatment, symptoms or medication, the AF Association line is still active, albeit working from home. 01789 867502 or you can email info@afa.org.uk

For other arrhythmias, the Arrhythmia Alliance line can be reached at 01789 867501 or by email, info@hearhythmalliance.org

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