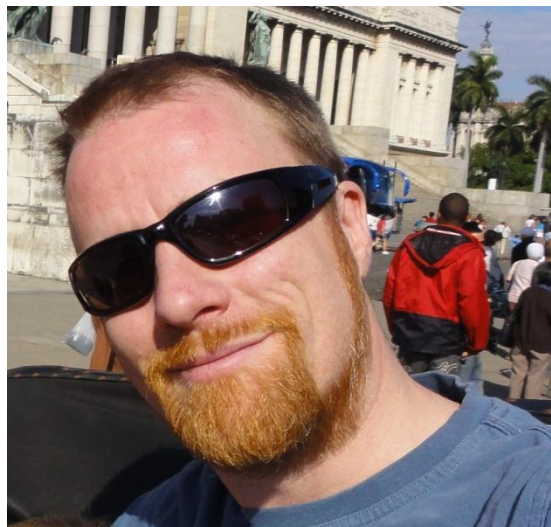


Dave's story

I have suffered from palpitations for pretty much as long as I can remember – definitely from my mid-teens on - but never really thought anything of it. The attacks tended to be brief and few and far between so I guess I just thought it was normal. In my twenties I also began to notice an "ache" in my chest whenever I was tired, and this ache often occurred before palpitations. I don't know if I had always had this ache and had slowly become aware of it over time, or whether it developed with time, but again it never really concerned me as I found that if I got a good long sleep then the symptoms would go away. Also, ache is a strong word - this is more of a "sensation" (much like hunger) as opposed to chest pain, and if I happened to remember it when I was seeing a Doctor I would mention it - but they never seemed concerned ("It's tiredness", "It's digestion", "It's nothing"), and so nor was I.



When I was 35 I became a father for the first time, and like most parents endured extended periods of broken sleep. The aches and palpitations got worse because of this, so I decided I should see a cardiologist to put my mind at rest. I underwent a battery of tests, including treadmill ECG, echocardiogram and MRI but nothing showed up.

This reassured me but did not explain the palpitations which the cardiologist was "99% certain" to be ectopic beats. We decided to do a 5 day ECG just to be absolutely certain and it was at this point that we got a recording of my AF. This surprised the cardiologist, and shook me quite a bit. I guess that it goes without saying that being told I had a heart condition at the age of 35 was not great news, and a subsequent meeting with an electrophysiologist just served to make me worry more. It was ironic really, as you would think that getting a positive diagnosis and treatment plan would be a relief after all of those years - but I guess the news that it was something I would have for the rest of my life, that it could potentially cause a fatal stroke and that surgical treatment involved sticking a hot wire "into your heart so that we can burn bits of it away" (!!) made me worry more. The next few months were pretty horrible, and it took me some time to come to terms with the condition - but the AFA website proved to be a God-send. It was reassuring to know I was not alone, to hear other people's stories, to hear about ablation success and to find others of my age with the same condition.

I'm not certain why I ended up with AF at such a young age. My cardiologist, witty chap that he is, reckons it was down to a poor choice of parents, but I suspect it was down to being quite athletic when I was still growing (as a teenager I would regularly do upwards of 100 miles a week on my bike, as well as playing rugby) coupled with problems with my digestion (I, along with many other AF sufferers, can suffer badly from stomach acid – in my case if I have an acidic stomach during the day then I regularly have an AF attack in the evening) and probably some genetic predisposition. My maternal grandfather suffered a series of strokes in his sixties, the last one fatal, but that was back in the 1980s and AF did not really seem to be on the health services radar so I do not know if he had AF or not.

But, it is not all bleak. I am now 38, and since first being diagnosed with AF I have deduced that my primary triggers, in order, are lack of sleep, stress, hunger, over-eating and excess alcohol.

Knowing this I currently manage my AF through lifestyle - and I am fairly successful at it. I take aspirin for anti-coagulation, and although I still have bouts of AF I can go for months at a time without an attack (although I can also have periods where I have daily "mini" AF episodes that last for a few minutes at a time). My worst attack ever lasted 45 minutes (although I can have multiple attacks minutes or so in any one day), so compared to many I am fortunate. I am also very symptomatic, so I immediately know when I am in NSR and when I am in AF, and this helps me to keep track of my attacks. I also have a home ECG machine which means I can capture any attacks I do have and share them with my cardiologist. I live a normal life to all intents and purposes, except I am now more finely attuned to my heart than I would otherwise have been. Despite having a desk job I am pretty active and go to the gym 3 or 4 times a week - AF has not stopped me from exercising. Indeed, I think having a strong heart can only help. I appreciate that exercise will not cure AF (and I am still evaluating if excess exercise actually causes attacks in my case), but do I know that regular exercise helps reduce stroke risk, brings down blood pressure and, coupled with a sensible diet helps to prevent diabetes – all of which are things that have a direct impact on your CHADS score.

I do not know what the effect of half a lifetime on warfarin would be, and I don't want to find out - so I intend to keep my CHADS score at zero for as long as possible. And exercise and a sensible diet are the best methods I have available to achieve this.

Going forward I hope to be able to control AF by managing my triggers for as long as possible, but I also accept that it may, and probably will, worsen with time. I currently see my cardiologist once every 12 months and have an annual echocardiogram. I guess I will probably go for an ablation when I find that the attacks are getting more frequent, go on for longer or if ever I do not spontaneously revert to NSR.

Finally, if asked, my advice for someone recently diagnosed with paroxysmal AF would be to get on aspirin and then try to find their triggers before rushing into an ablation or starting on any drug program (although with the proviso that their cardiologist supports this and they have a CHADS score of 0). I think AF in the young, particularly AF that appears to be vagal in origin, can be successfully managed at least in the short to medium term through lifestyle choices.