

Brian's story

Brian was diagnosed with AF five years ago after noticing shortness of breath during exercise. His story highlights that even those with a good level of cardiovascular fitness may be at risk of developing AF.

I am 65 and enjoy cycling, hiking and going to the gym. I stopped running and mountain marathons in 2006 following an osteotomy operation.



Beginning in March 2010 (I was 59) I was cycling at the time and suddenly experienced what seemed like complete shortness of breath which got worse. I was forced to stop. I knew it was not shortness of breath but my heart was pounding. Yes – I literally thought I was going to die. In minutes my heart rate decreased and being competitive (yes silly) I continued my ride but had about four more episodes of reduced symptoms. That evening I went to hospital but by then I had returned to normal rhythm and was discharged. I continued my twice weekly cycling and hiking hobbies without problem.

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In April of that year I had another episode. This time I went to hospital straight away. I was monitored for hours. The medical conclusion was that I had AF and I was put on 1.25mg bisoprolol and 75mg aspirin and told to continue my activities but not to race.

Monitoring over the years shows I have a slow resting heart rate (typically 42 bpm) and coupled with a large left atrium places me at further risk of AF. I continue cycling and hiking activities albeit I do occasionally experience a “flutter or tickle in my neck” which suggest early warning signs that AF has resulted, but it is not causing me a problem, as long as I take care.

My experiences of living with AF are that external factors can trigger the onset of AF – these are stress (personal problems), feeling unwell (I have had operations for hernia repair, right shoulder cuff repair, and left shoulder cuff repair) and cycling in cold windy conditions.

Noticing increased susceptibility of AF brought on I believe by those external factors I was reviewed in 2014 and had a 12 lead ECG resulting in a conclusion that my bisoprolol should be increased to 2.5mg. A further review was booked to discuss formal anticoagulation to replace the aspirin as I approached my 65th birthday as my CHADSVASc score will then be 1.

The latest consultation in October was to maintain medication of 2.5mg bisoprolol and 20mg rivaroxaban and examination confirmed on the day I was actually in AF but I was not aware of the heart beat irregularity.

It is probable that a life time of fitness and endurance activity has resulted in my cardiovascular problem. However, if you like me, are pre disposed to sports as a lifestyle then AF for me has only meant an adjustment to maintaining that lifestyle. Knowing your body, respecting early symptoms and being sensible has not prevented me from continuing the hobbies I enjoy.

Brian (2015)

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