Today

Providing information, support and access to established, new or innovative treatments for Atrial Fibrillation

AFA PATIENTS DAY
A FOCUS ON LIVING

There will be opportunity to learn how to find support locally and there will be a series of all-new interactive workshops and discussions on various aspects of the disorder where any questions attendees have about AF will be shared.

An exhibition featuring the latest information from a host of relevant organisations will also run alongside the event.

Founder and CEO of AFA, Trudie Lobban MBE, said: “This event represents a great opportunity for patients and carers to come together and listen to the latest expert advice, share their stories and meet others with AF.

Expert line-up confirmed for Patients Day Agenda

A full programme of expert speakers has now been finalised in anticipation of the biggest information and support event for AF patients and their carers in the country - Atrial Fibrillation Association (AFA) Patients Day, on Sunday 23rd September.

Sessions with leading medical experts will see the latest on everything from diagnosis with AF to treatment and support for patients and carers, placed under the spotlight, at the event, being held at the ICC Birmingham.

Part of the annual Heart Rhythm Congress, the event is aimed at helping patients and carers gain a better understanding of AF and the latest advice on how they can best live with the condition by gaining access to the right treatment and support available to them. It also aims to encourage and support patients in raising awareness of the disorder.

The programme features talks including living with AF as an active person, learning how to manage the disorder, the latest on anti-arrhythmic drugs, options for other treatments and much more.

“If you are living with AF you are certainly not alone and with the right treatment and support you can continue to live a full and happy life.

“AFA Patients Day is about helping people to gain knowledge of how best to live with AF and making sure awareness of the disorder continues to improve quality of life.

“We look forward to welcoming AF patients and carers from around the globe.”

To register your place at Patients Day please complete and return the form on page 12.
A guide to Patients Day

A welcome from AFA founder Trudie Lobban MBE:
We are delighted to welcome everyone to AFA Patients Day on Sunday 23rd September which is set to be the biggest and best event yet.

Leading specialists in atrial fibrillation will be presenting and will provide the very latest information on diagnosis, treatment, triggers and self-help.

Patients Day is about empowering people living with AF. It is a great opportunity to find out more about living and managing AF as well as meet others.

A new addition to this year’s event is our interactive workshop which will enable delegates to join discussions with healthcare professionals and fellow attendees on topical issues and personal challenges.

A favourite, ‘Any questions’ will round-up the day. We are very much looking forward to welcoming those who have already registered for the event at the ICC in Birmingham and to remind anyone who has yet to register to email margaret@afa.org.uk or complete and return by post the registration form on page 12.

The programme

Morning
Session one: Why do I have atrial fibrillation, what are my risks? Dr Michael Norton
Session two: Young / active with AF, what are my outcomes? Dr Mark O’Neill
Session three: Who should manage my AF? Jayne Mudd
Session four: Anti-arrhythmic drugs: are they safe, who are they for? Dr Andrew Grace

Questions and then lunch

Afternoon
Session five: How can I find local support? Caroline Holmes
Session six: How safe is catheter ablation? Dr Mark O’Neill
Session seven: I feel so ill, when should I get help and who from? Dr Adam Fitzpatrick
Session eight: Workshops and discussions

SPEAKER PROFILE – DR MARK O’NEILL

The future may sometimes seem daunting, but Mark’s tireless involvement in improving our understanding of AF and the services we can access, will empower us to better understand how we can enjoy an active life alongside AF.

Dr O’Neill has specialist expertise in atrial fibrillation and the disorder is his main clinical and research interest.

Having graduated and completed a physiology doctorate, he trained in general medicine and cardiology and then interventional cardiac electrophysiology at St Mary’s Hospital. Dr O’Neill then trained in France in order to gain particular expertise in atrial fibrillation – which has remained his main field of interest.

In October 2009, he moved to St Thomas’ Hospital and King’s College London to join the Department of Cardiology and Division of Imaging Sciences and Biomedical Engineering. He is the division’s research lead for electrophysiology and has published over 80 peer-reviewed papers and a book in the field of arrhythmia medicine.

He is an internationally recognised expert in catheter ablation of atrial fibrillation and a Council member of Heart Rhythm UK, the London Deanery Electrophysiology Training Lead and a founding participant of the All Party Group on Atrial Fibrillation.

SPEAKER PROFILE – JAYNE MUDD

Jayne’s wealth of experience promises to bring insight and practical help into understanding who should manage my AF?

Jayne has worked as a Nurse Consultant in Cardiac Rhythm Management for the past 18 months and prior to this was a specialist arrhythmia nurse and arrhythmia care coordinator for twelve and a half years at the James Cook University Hospital (JCUH), Middlesbrough.

During this time she has taken the lead role in the Arrhythmia Nurse Specialist Team and has been responsible for developing specialist nursing roles and specialist services within the hospital and community setting.

Jayne is a trustee of Atrial Fibrillation Association, a Nursing Representative on Heart Rhythm UK Council and an executive committee member of the Arrhythmia Alliance.
Special interview: Olympian Tom talks of winning gold while living with AF

AFA spoke to Olympic rower Tom James shortly after he scooped gold in the coxless four race in London. Here the 28-year-old talks about his diagnosis with AF, his treatment and the challenge living with the disorder presents to an Olympic athlete.

AF didn’t stop Wrexham rower Tom James from adding to Team GB’s record gold medal haul in London along with his teammates in the coxless four – a defence of the title they won in Beijing in 2008.

Speaking about winning the second Olympic gold in his career, Tom told the AFA: “Doing it in front of a home crowd was absolutely incredible. I must say it was a great relief because there was quite a lot of pressure we felt having won gold in Beijing.

“I admit I was a bit sceptical when people said how much of an advantage a home crowd could be but I was wrong – they were absolutely phenomenal and you could really feel the atmosphere pushing us along.”

As a 28-year-old professional athlete, Tom admits he was shocked to learn he had AF earlier this year. Speaking of his diagnosis, he said: “We had been working very hard at the start of the year and doing altitude training and I noticed my performance had really dipped.

“I picked up this virus which had been going round the camp but I couldn’t shake it and about two weeks later when I’d returned home I still had it.

“I had all sorts of tests and it was around then I saw a cardiologist who immediately told me I had AF. It was such a shock to me to find out there was something wrong with my heart. Obviously as an athlete I have had other injuries before and you know how to deal with them, but when it is something so integral to your health it really is a shock to the system.”

But Tom, who was treated with the medication flecainide to bring his heart rhythm back to normal, continued: “After the initial shock, once I found out more about atrial fibrillation I realised I could be treated and I could live with it and that’s what I have done.

“It was such a shock to me to find out there was something wrong with my heart. Obviously as an athlete I have had other injuries before and you know how to deal with them, but when it is something so integral to your health it really is a shock to the system.”

“Looking after your body and the various things that can go wrong with it are just part of being a professional athlete and I have to make sure I monitor it closely. I have really been working on trying to establish what my triggers are and avoiding them and that seems to have worked really well. I haven’t had symptoms for four months now.

“But I am constantly aware I have the condition and I have to monitor it very carefully and I can’t ignore it. Like all AF patients I have to be prepared this will happen again.”

AF was already a cause close to Tom, whose father and uncle both suffer from the condition. But despite being aware of the disorder he hadn’t associated it with younger people.

Tom was delighted to receive his second Olympic gold medal
“What struck me when I was diagnosed was there was great treatment available but there didn’t seem to be a great deal of awareness and I was interested to find out more about what research was being done about how many young people have it.

“I am constantly aware I have the condition and I have to monitor it very carefully and I can’t ignore it. Like all AF patients I have to be prepared this will happen again.”

“I was aware of the condition because my dad and his twin brother both suffer from it, but I didn’t associate it with young people.

“And yet since it became public I had AF I have had so many calls from old rowing colleagues telling me they have suffered from it as well. It was quite amazing I was surprised to see there are so many people out there with AF.”

On Tom’s success, Dr Glyn Thomas, consultant Cardiologist and Electrophysiologist at Bristol Heart Institute and Bristol Heart Rhythm Centre, said: “The health benefits of regular physical exercise are well established and include prevention of obesity, control of blood pressure and prevention of coronary disease, even some cancers can be prevented in this way. However exercise, especially endurance-type activities including running, swimming, cycling and rowing can cause atrial fibrillation (AF) in some patients.

“The causes are not fully understood but it is likely that years of intense exercise make the heart more susceptible to AF at rest. There is some evidence that stopping or reducing the intensity of exercise can reduce the frequency of attacks but this is never an option for highly motivated, professional athletes such as Tom James.

“Since it became public I had AF I have had so many calls from old rowing colleagues telling me they have suffered from it as well. It was quite amazing I was surprised to see there are so many people out there with AF.”

“The disruption his AF must have caused to his preparation for the Olympic Games in terms of training schedules and mental preparedness make his achievement, for me, all the more impressive.”
Living with AF: A patient’s story

Matt’s journey living with AF began when he suddenly woke with strong palpitations one morning.

Here the 43-year-old charts his journey from that day 12 years ago, to finally getting a correct diagnosis and learning to live with the disorder.

Hi, I’m Matt, I’m 43, and I have Paroxysmal AF. That’s easy to say now, but the first time I had it, I’d never heard of atrial fibrillation, paroxysmal or otherwise.

Firstly, let me apologise for the length of my story. I don’t pretend I have the worst case of AF in history, far from it, but there are hints and pointers I wish someone had told me over the last 12 years.

I woke at 7.30am one morning in May 2000, and the instant I was fully awake, my heart started fluttering and banging away.

It was like someone flicked a switch. I had no idea what was happening. At first I thought it was a glitch that would stop of its own accord. Everyone gets palpitations some time or other, right?

I stayed in bed for a bit, but after half an hour, nothing had changed and I was getting worried. I knew the symptoms of a heart attack, and was sure I wasn’t having one. Well, pretty sure anyway. But I couldn’t help thinking ‘what if it is, though?’

I was 32 then - didn’t smoke, drink to excess, take drugs or do anything that might explain it. I hadn’t even seen the doctor for years prior to that day. I was maybe a little overweight, but didn’t live a particularly unhealthy lifestyle, so having a heart problem at that age was the last thing I expected.

My girlfriend drove me to our doctor, the GP took my pulse and blood pressure, asked a few questions, and put me on an ECG machine. Looking at the trace, I could see it wasn’t normal - I’d seen Holby City enough to know what ‘normal sinus rhythm’ looks like, and this clearly wasn’t it. The doctor obviously agreed with my expert opinion and sent me to a specialist ward at St Mary’s Hospital in Portsmouth.

The nursing staff seemed utterly bemused by my presence. It turned out the GP had sent me to the wrong place, which did very little for my stress and anxiety levels. I was redirected to Queen Alexandra Hospital, a mere five minute drive from home.

“There are hints and pointers that I wish someone had told me over the last 12 years.”

Back we went down two flights of stairs, along the interminable main corridor, hunted for the car and then drove for 20 minutes to QAH.

When it was my turn in the “take-a-ticket-and-wait” triage system, I casually mentioned I was having palpitations and right at that moment I was bumped right up the batting order, into the treatment area.

The point I want to get across is to make someone aware of your condition straight away. Even the most hardened NHS receptionist baulks at the mention of heart problems going on right in front of them. In fact, several doctors told me when presenting myself at A&E, to notify the receptionist immediately that I was in AF.

Once in the treatment area, I told the story of my morning’s fun and games to a nurse, then a duty doctor, again to another doctor, to the radiographer while I had an X-ray and then again to another doctor.

Be prepared to repeat your story over and over. It may be tedious, but the double checking is clearly to monitor how your condition is progressing. And of course, you know your circumstances better than anyone else.
Eventually I was sent to the Intensive Care Unit. Entering ICU, I am unashamed to admit I was very scared. ICU suggests all sorts of things to me, none of them good. There were some very poorly looking people hooked up to machines and drips. I felt a bit of a fraud sat among them, especially as I’d walked the best part of quarter of a mile to be there, with absolutely no adverse effects.

The ECG machine showed my heart rhythm to be 100 per cent normal. Only at that point did I realise the palpitations had ceased, and the doctors were a bit confused at my presence on their ward.

Luckily I still had the ECG trace from the GP’s machine, which persuaded them I’d actually had a problem, even if it wasn’t apparent right then. They tested for indicators of heart attack, but when this came back clear, they told me it was probably a one-off thing, not to worry, and to put my feet up at home for the rest of the day.

For some time, it looked like they were right, it had been ‘one of those things’ and I virtually forgot about it until 8am one morning in August 2001.

I was off to work at a big event in Portsmouth Dockyard. I had just stepped from the car, when I felt my heart flick into AF. At the on-site medical-centre, the duty doctor advised rest, so I spent 45 minutes lying on a couch, taking deep breaths and thinking calm thoughts. Either this approach worked or the attack ceased naturally, and I reverted to normal rhythm. Once the doctor checked me out, I went off and worked till late that evening, with no ill-effects at all.

I had another attack a short time later, waking up in the wee small hours from a panicky dream about falling out of bed, to find I had a galloping heartbeat. Eventually I dropped off to sleep, waking early next morning with the AF still going hammer and tongs. So, back I went to A&E, where I got to tell my story, (including all previous episodes) to lots of new medical staff.

This became the pattern for all my hospital visits, and after about the fifth time I was almost on first name terms with half the hospital. It may help to keep a diary of your experiences because if, like me, long periods pass between your attacks, it can be hard to recall details later - how long attacks last, possible triggers etc.

Details of my earlier episodes are a bit vague now and a diary would have helped immensely during my later visits.

On this occasion, the AF didn’t get better with rest and I got told off for not getting to hospital sooner. So I was given intravenous Amiodarone, a shot of Warfarin, and kept in for observations. The AF responded to the drugs and I went home the next day. I was referred to a consultant, who arranged an ultrasound scan and to have a 24 hour monitor strapped to me.

This happened soon after September 11th, and wasn’t the best time to be walking around having a device with wires coming out of it taped to my chest. Luckily I managed to avoid being sent to Guantanamo Bay and the tests revealed nothing unusual.

I did, however, now have a name for the condition - Paroxysmal AF, although I still knew very little about it.
It might help to write down questions as they occur to you, to take to appointments as a reminder to ask the experts. I used to get home then think of 101 things I desperately wanted to know but hadn’t asked.

There was no obvious trigger for my AF. The first attack occurred after I’d been to a social function the evening before. I’d had a few drinks, but not an excessive amount. I was moderately tired, but no more than usual, and I wasn’t aware of being particularly stressed out about anything. My GP pretty much ruled out caffeine and alcohol as a cause, and there was no family history of AF.

The consultant told me AF is very common, and affects ‘all large mammals’, because the heart is ‘a bit of bad design by the creator’. I didn’t find that massively reassuring, and the remark about large mammals was a very thinly veiled barb about me being 6ft 6’ and close to 20 stone. Gee, thanks doc!

Over the next few years, I had roughly one attack a year, the only common factor being they occurred during or immediately after sleep. That was until I leaned over a desk at work one morning, coughed, and in doing so, put myself into AF. Up until then I suspected fatigue was my trigger, but there have been times when I’ve been really tired, physically and mentally, without AF rearing its head.

When attacks did happen, off I went to hospital to be pumped full of Amiodarone or flecainide. At some stage, I’m not sure exactly when, I was prescribed Flecainide, to prevent AF, and aspirin, to reduce the risk of stroke.

By now, hospital visits no longer worried me, but had just become a necessary nuisance. I would get that fluttering sensation in my chest and think, ‘oh not again, another day kicking my heels in hospital’.

I got different advice from each doctor I saw - some said rest to alleviate attacks, some said take three Flecainide tablets in a single dose, some said don’t worry unless the attack lasts over 24 hours, and some said ‘get to hospital as soon as possible, you need to be back in normal rhythm inside 24 hours’.

One attack happened the day I was flying to Scotland for an important course for work, and I practically begged the doctor to get me fixed up in time for my flight. To her credit and my eternal gratitude, she did get me sorted, and I was released two hours before I had to be at the airport.

About two years ago I had an attack that lasted over 24 hours, with my heart rate thundering along at 180bpm despite being sat in bed hooked to an industrial size IV of Flecainide.

They decided to cardiovert me the next morning. I was put under general anaesthetic, and plugged into the mains, which seemed to work just fine. Two weeks later I had another attack. Not so fine. I managed to stop it by taking three tablets, lying in bed most of the day, and crossing my fingers.

“Be prepared to repeat your story over and over. It may be tedious, but the double checking is clearly to monitor how your condition is progressing. And of course, you know your circumstances better than anyone else.”

SPEAKER PROFILE – CAROLINE HOLMES

Looking for local support - Caroline is your guide: Caroline is a Senior Associate in Patient Services with AFA and has worked for the charity for three years.

Caroline has responsibility for Patient Support Groups across the UK and works closely with medical professionals, patients and carers to establish both local and regional groups. In the past few years local AF Patient Support groups have opened in many parts of the UK, at this year’s Patient Day, Caroline will be sharing information on establishing a group as well as, what is available in your area.
I was referred to the consultant again, but he wasn’t seeing large mammals that day so instead I saw yet another doctor. The new doctor prescribed me an additional drug called Bisoprolol - a beta-blocker. To this day I have no idea what a Beta is, or why it needs blocking, but touch wood, I haven’t had an attack for two years now.

Last year I did a 62 mile cycle ride round the Isle of Wight, with virtually no preparation at all. I completed the ride with no problems, not a single rogue beat or the slightest hint of AF. I worried a bit about having an attack the next day, because I knew I was going to be very tired, and I still suspect fatigue might be one of my triggers. Nothing happened.

I’m not worrying about AF - if it occurs while I’m doing it, then I’ll deal with it at the time. Day to day I try to forget all about AF, other than taking my pills. I tell people quite openly about my AF – a small part of me takes slightly perverse pleasure in watching their faces when I say ‘heart problem’, but on a serious note, I think it wise to make people aware. That way, if I do get a problem, especially at work, they don’t fuss and panic, and make more out of it than necessary.

AF can be a scary thing when it arrives in your life, and although I wouldn’t dare trivialise it, I find being calm, pragmatic and having a sense of humour about it helps me no end. When I told work colleagues about my condition, they were very supportive, and showed this by nicknaming me ‘Flat-liner’. Bless their little cotton socks.

“**It might help to write down questions as they occur to you, to take to appointments as a reminder to ask the experts. I used to get home then think of 101 things I desperately wanted to know but hadn’t asked.**

I do get odd random beats, sometimes maybe three in a row, sometimes just one. I can only describe the sensation as like a bubble going ‘blop’ in my chest. It doesn’t hurt, but it’s not pleasant, and I’d rather it didn’t happen because when it does, a small voice in my head still says ‘what if this is it?’ But I’ve learnt to tell that voice to keep its damn opinion to itself.

AF hasn’t stopped me doing anything as such. I don’t exercise as much as I should, simply because I’ve never liked sport, and have never indulged at any stage in my life. I put in five years as a Lifeboat crewman, training and going on rescues in all weathers, and my heart never skipped a beat in all that time. I cycled 14 miles a day to and from work, for over a year, until my domestic circumstances changed, and again, had no problems at all.
I feel sure being calm about my attacks helps my treatment. I take a book and my iPod into hospital, to help me ignore the palpitations and relieve the boredom. In reality, this may have no effect whatsoever, but it’s far better to spend time in hospital as pleasantly as you can, than in a state of panic and distress.

I strongly suggest, before seeing a specialist, writing down any questions, as a prompt to make sure you get all the answers you need. I really wish I’d done this. I used to scuba dive, but never asked if AF would affect this, so I haven’t dived in a long time. That’s a self-imposed ban – it’s not worth taking the risk without knowing the facts, but it’s a bit too late to get an appointment with the consultant now just to ask about that.

Also, be open with friends, relatives and workmates about the condition. The less mysterious you are about it, the less likely they are to panic if you suddenly tell them you need to go to hospital.

I say, try not to let AF rule your life. I still enjoy a drink now and again, and I drink strong filter coffee by the pot, it seems to make no difference to my AF. Maybe they weren’t triggers in the first place, I can’t say for sure, so my attitude is – Keep Calm and Carry On as Normal. Moderation is probably prudent, but I’m sure doctors would recommend that about a lot of things.

My AF isn’t that serious compared to some of the case histories on the AFA website, but those accounts make me realise it could intrude on life far more than it does.

The NHS, for the most part, has been very good when I’ve needed them, although I would say my consultant has been indifferent most of the time, to this large mammal’s way of thinking at any rate. I’ve learned more from the AFA site than from him, and that’s why I felt I wanted to ramble on like this, in the modest hope I might help someone else find their level with AF.

As far as living with AF goes, I choose to focus on the word “living”, and get on with life as usual, rather than focus on the two little letters at the end!
Serial AFA fundraiser Martin Harman has qualified to represent Great Britain in the World Triathlon Championships, in New Zealand.

The 39-year-old Yorkshireman spoke to AFA about his greatest sporting achievement and his personal battle with AF – which even threatened to end his dream during a qualification race.

For Martin Harman qualifying for the Triathlon World Championships at his first attempt is more than just a remarkable sporting achievement, it’s a huge victory in a long personal battle with AF.

Martin came to triathlon – a sport which sees competitors swim, cycle and run over a gruelling course - after refusing to let AF take over his very active life when he was diagnosed back in 2006. He has already represented Great Britain in the European Championships and will now do so on a world stage in New Zealand, in October.

“It is a very big personal achievement,” said Martin. “It has been a long six year road from diagnosis to this point and I have been training hard for nearly a year all leading up to this date. Having now achieved my target it feels a little surreal.”

Martin, who has worked tirelessly to raise money for the AFA since his diagnosis, has to manage his AF closely given his gruelling training regimen and he even had to deal with a scare during the qualification races.

“My first qualifying race was very tough and sadly my AF and arrhythmia issues decided to also show up on race day,” Martin said.

“I was in a decent position coming of the bike to go out onto the run, but when I hit the first incline my AF decided to show up and that was the end of that race and I trailed in a good way off my target time. This meant I had to go onto my second qualifying race. Thankfully that went well and I got one of the four qualifying spots.”

The championship race in October will see Martin swim 1.5km, cycle 40km and finally run 10km – a feat he aims to achieve in just over two hours. It’s all a far cry from where Martin was prior to his diagnosis.

“About seven years ago I couldn’t even walk upstairs, so to now be able to complete a triathlon and to represent your country is pretty amazing for me. As a personal battle it has to rank right up there as one of my best achievements. It takes a lot of dedication to train for the sport at this level and to do that with AF can at times be very, very difficult.”

So how does Martin live with AF? “Simple,” he says. “By not letting it beat me!”

Martin prepares for the swimming leg of his triathlon qualification

In action – Martin on his cycling leg

In action – Martin on qualifying to represent Team GB at World Championships
But the reality hasn’t always been so straightforward for Martin and he admits AF even made him question whether or not to give up the sport at one stage.

“I find it hard to accept at times I train and compete with AF and this at times can be very demoralising and get me down. It can be frustrating and I have to accept that on certain days it can curtail training and on the odd occasion in shows up on race day.

“The worst time was in July 2011 when competing at a local race in Ripon. I was having a great race and was in the top 30 going onto the run. I set off and immediately knew I was not right.

“My heart rate was all over the place and then next thing I knew I was coming round on the floor having collapsed with paramedics over me. I was put into the ambulance and an ECG was taken and I was in AF.

“I did consider for the couple of days after giving up the sport, but after discussions with my EP I went back out two weeks later and raced again and came 8th. I am sensible, I stop training when the AF comes along and I also know the signs from my body as to when I feel I am getting into distress.”

And Martin is determined to continue his fundraising effort for AFA – having raised £4,000 already.

He said: “I can only wear my Team GB kit in the race but I have sneaked a couple of my AFA logos onto my helmet!

“I would like to use my achievements to highlight the condition of AF and to also ask people to support me and my efforts. I ran the AFA sportive bike ride earlier this year and have so far raised in excess of £4,000 but my target is £10,000.

“This will help me as I get no funding at all from the sport I have to pay everything myself, but mainly the AFA charity fund.”

And how does he feel about the big day on 22nd October?

“I am very excited at the prospect, but also nervous because I want to do well. The buzz of pulling on the Team GB suit before the race and seeing all the other countries from around the world in theirs will be a very proud moment!”

To sponsor Martin visit www.justgiving.com/mharman.

Good luck Martin!
ATRIAL FIBRILLATION ASSOCIATION
PATIENTS DAY

Sunday 23rd September 2012
10:00-16:30

At our new venue: The ICC, Birmingham, UK

10:00 Why do I have atrial fibrillation and what are the risks?
10:30 Active with AF, what are my outcomes?
11:00 Who should manage my AF?
11:30 Anti-arrhythmic drugs: are they safe, who are they for?

Any questions

12:45 Lunch
13:30 How can I find local support?
14:00 How safe is catheter ablation?
14:30 I feel so ill, when should I get help and who from?

15:10 Workshops and discussions to include:
- Improving AF care
- AF and my life
- AF and my family

16:00 Question Time

To register please complete the form and send to the AFA address below.

Registration Form

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Please tick the box whether you are: Patient ☐ Carer ☐ Other ☐

Payment Details

Please select your payment method below

Credit/Debit Card: Please call +44 (0)1789 451 837 to pay over the phone
Cheque: Make payable to 'Atrial Fibrillation Association'.

Please write delegate name(s) on back of cheque and post PO Box 1219, Chew Magna, Bristol, BS40 8WB

"At last, answers to questions and information on what I could do!" George R

"I arrived anxious and uncertain; I left full of hope, knowing that I was not alone." Edna P