

## **My AF Story**

*By an Australian AF patient*

*Written on 25/05/2010*

I am 54 years old and married. We have 2 sons aged 22 & 19.

There is no history of AF (that I know of) in my family, although my brother had a lone AF incident about a year ago, but he has not had any problems since and does not take any medication for it.

I maintain a reasonably healthy lifestyle. I eat a balanced diet where I try to have as much fruit & veg as possible, cut down on bread, red meat, fatty foods. I cycle every weekend – at least 25km, but often up to 40km. I also try to ride to work, which I manage sporadically as I need my car for business.

Since my diagnosis, I cut right down on alcohol consumption. I would say to people that one or two drinks were ok for me and that three drinks were a binge. Prior to the diagnosis I would describe myself as a social drinker, having a glass or two of wine most evenings with a meal and a few more on weekends. In the 10 years leading up to the diagnosis I estimate I would have had a heavy drinking session 3 or 4 times a year. I suppose when I was young and single, I was no different to any other young man – I used to have a lot of fun on weekends! During December 2009 and January 2010, I had two distinct AF spells after having a single drink whilst on holiday. There were one or two other incidents a few years ago, but I was not sure of the correlation. I now abstain from drinking altogether. One of the causes of AF, according to my cardiologist, is alcohol. I can now vouch for that statement.

I was first diagnosed in late 2004 (age 49), after a minor unrelated day procedure detected it. Up until then I had not known that I had a problem, but in retrospect, I was getting tired a bit quicker in the 6 months leading up to the diagnosis.

After the diagnosis by my GP, I had to wait for an appointment with a cardiologist. In the interim I was simply using Cartia (low does Aspirin). I got to see the cardiologist about 6 weeks afterwards and he immediately put me on Warfarin and Sotalol. In the interim I had of course had all the tests and scans to determine the general condition of my heart.

After 4 weeks on Warfarin I reported for my first cardioversion, but the INR on the day was below 2, so I was sent home & had to wait another 4 weeks!

In the first half of 2005 I had a cardioversion almost every month! The Sotalol was not very effective and my cardiologist changed the medication to Flecainide (Tambocor), which had the desired effect. Once the correct dosage was established, my AF was generally stable for quite a long time. Whenever I went into AF, I generally reverted to sinus rhythm – mostly during or soon after exercise. I kept a record of all the incidents during that period and it is attached. At the time my cardiologist said the correlation between exercise and reverting to sinus rhythm was probably coincidental, but he recently commented that someone in Geelong, Victoria had done some research and had found a correlation.

I noticed during 2009, whenever I was in AF, that exercise did not necessarily help me revert to sinus.

In late 2009 and January 2010 I had quite a few AF spells that mostly reverted spontaneously to sinus, but I needed a cardioversion in December, another in January and one in February. What I did find during this period was that taking extra flecainide seemed to help me revert to sinus. My cardiologist had told me what the maximum dosage is in any given 24hr period. I never used the full allowable dosage – I like leaving a margin!

I went for a flecainide test and found I was at the bottom of the therapeutic range, so the dosage was increased from 100mg daily to 200mg daily.

Since February I have had a few AF spells, but with a bit of extra flecainide I have managed to revert to sinus each time. In fact I woke at 4.30am this morning in AF (I invariably wake up as it happens and if it happens during waking hours, I feel it immediately). I took an extra 50mg and cycled to work – only a 20 min fast ride. By the time I had showered and settled at my desk I was back in sinus.

I am currently not ready for any invasive procedures and thus ablation is not on my agenda. Of course I'm hoping that the technology in that area improves a lot over the next few years, just in case I need it later on. I have had a discussion with my cardiologist about it and he supports me.

Interestingly, I've got a distant relative who is a cardiologist. He is not an AF specialist, but when I asked him who he would go to if he had an AF problem, he asked some colleagues in the large hospital that he works in and gave me three names, one of which was my cardiologist. This gave me a bit of extra peace of mind. I would suggest to anyone with an AF problem that they should be 100% comfortable with and confident in their cardiologist and should not hesitate to ask questions or query anything. Any good cardiologist will be happy to explain things.