

Bob Templeton – Case study

My AF probably started with a chest infection and way too many French Champagnes one night in Paris in 2007 when there for the Rugby World Cup. However, I had no warning of it. I had my first symptoms on a work conference 6 months later when, at 3 am I woke up with my heart pounding my chest in a crazy rhythm. I was very concerned and completely unprepared for it. The next night that same thing happened. I put it down to the bottle of red wine that I had drunk on each night. I drank light beer the next night and had an uneventful night's sleep.

I went to see my doctor and he thought it sounded like AF. He told me I would have to have a day with a Holter Monitor to record my heart beats. The episodes were coming so infrequently that I was very doubtful we would find anything. However, we were going to Perth to see the Brumbies play the Force and my doctor recorded a trace of my heart beat at rest and gave me a copy to present to a hospital if I had an AF episode.

Went journeyed through the Margret River wineries and ended back in Perth for the game. We walked all over Rottnest Island one day and that night, after few glasses of wine, I had another AF episode. I went to hospital, showed them my resting trace and they took me straight in hooked me up to an ECG. There was my heart in full AF. The diagnosis was complete.

Of course they asked me the good questions, "Are you on aspirin?" I was not but I started that night. The episode ended a few hours later. All my episodes only last a few hours.

Back home I went to the doctor again and we reviewed my condition and my prognosis. He advised me to see a cardio specialist and we booked the appointment. He advised me to start on potassium supplementation with a banana every day and tablets in reserve. The specialist did an ultrasound image of my heart and I have a dilated atrium. Not nice but not much I can do about it.

It is no surprise that my AF is potassium related and has an alcohol trigger. It also has a dehydration or potassium depletion trigger as well. The episode of Rottnest island and one other time at Port Macquarie put me into AF a few hours later. One potassium tablet stopped the episode.

Now I take my aspirin daily, have my banana (gold plated at present) daily and have a ready supply of "Chlorvesent" with me whenever I go out or go to bed after being out. My doctor advises me to take three tablets before I go to bed if I am suspicious of an impending episode. He tells me that is what they give AF sufferers who go to hospital as soon as the doctor sees them.

I have an acquaintance who had severe AF and went on a surgically ablation trial. Of 125 people he was the one who had a stroke on recovery and now has had to give up farming. So surgery is off my

agenda for my infrequent episodes. Other friends have also been down that track and advise me not to take any other medication than what I am doing at present.

At present I have not had an episode for over 6 months. I walk every morning for 40 minutes at a brisk pace. I have dropped my blood pressure with exercise, weight loss and a low salt diet. I am also on tablets for cholesterol. Any little nick bleeds like fury. That is annoying but reassuring too. I am a serious gardener with 300 odd roses. The thorns always nick me somehow.

AF does not rule my life. I am lucky that I do not have a severe form of the condition that would make me use other medication. However, a few things make AF interesting. After a moderate night out I may wake up during the night to urinate. When I get up I am fine, when I get back to bed I have AF. Three out of four times I have been lightly asleep and felt the change in my heart beat. I rolled over from my side to my stomach and the AF stopped and the heart went back to normal. Most times I am sound asleep when it starts. I am concerned that when I lie down or go to bed and my heart rate rises dramatically that I am in condition just below AF. I don't know if this is correct.