

Good Health

By JANE FEINMANN

KIRSTEN MILLINSON used to wish for a straightforward heart attack — at least then doctors would take her debilitating heart palpitations seriously.

'It was terrifying: my heart would suddenly start to beat very fast but erratically. It felt as though a squirrel was running loose inside my chest.

'My GP really wanted to help, but the only advice he could give me was to call an ambulance whenever I had an attack. But every time I ended up in hospital I'd be given a different kind of drug or a different dose and then told to stop worrying, as though I was a neurotic middle-aged woman,' says the 44-year-old mother-of-four from Lincolnshire.

As her symptoms worsened, Kirsten would end up in hospital sometimes twice a week. 'For five years, I was patted on the head and told to stop worrying,' she says. 'It was really frightening.'

Although doctors played down her symptoms, Kirsten's condition was life-threatening — and yet could easily have been cured with a safe and effective treatment.

Kirsten is one of more than one million Britons who suffer from atrial fibrillation (AF), the most common type of abnormal heart rhythm. Patients experience bursts of rapid, irregular heartbeat, leading to unpleasant symptoms including palpitations, lightheadedness and breathlessness.

For years dismissed as 'a funny turn' and a normal part of ageing, doctors now recognise that atrial fibrillation not only affects people of all ages, but doubles the risk of premature death through heart failure and triggers one in three strokes.

The good news is that specialist teams can cure nine out of ten cases by stopping the irregular electrical signals in the heart that cause the symptoms.

Doctors told Kirsten her heart palpitations were nothing to worry about... but they were horribly wrong



Picture: JASON BYE

Fear: Kirsten would wake with a racing heart

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UNDER the procedure, known as catheter ablation, an electrophysiologist uses a long wire threaded into the heart via the groin to deliver a high-frequency electric current. This heats the inner surface of the heart where the irregular electrical signals occur, creating scar tissue and so preventing the faulty impulses.

The procedure has been used since the Nineties to treat other abnormal heart rhythms (arrhythmia), including supraventricular tachycardia (SVT) — which Tony Blair had and was successfully treated with catheter ablation.

Most types of arrhythmia, including SVT, have only a single faulty electrical impulse, which is relatively simple to zap.

Until recently AF — where there is more than one faulty signal — was considered too chaotic and dispersed to be eliminated this way and patients have been treated with drugs. These carry the risk of severe side-effects including nausea, breathlessness and sensitivity to sunlight.

Now, thanks to new technology, catheter ablation can also be used to treat atrial fibrillation — making it possible for the first time to cure the problem for

good. The first atrial fibrillation catheter ablation clinic opened in 2007 at Barts and the London NHS Trust. The treatment is now available in a dozen or so centres across the country. The key is catching symptoms early.

'The longer AF is left, the more dangerous it becomes and the more difficult it is to treat,' says consultant cardiologist Dr Richard Schilling, director of the The Rapid Access Palpitation Clinic at Barts and the London NHS Trust and one of the key pioneers of the new therapy.

'The heart of a patient with atrial fibrillation is like a class of schoolchildren where one unruly pupil left to their own devices will eventually disrupt the whole class,' he explains.

Ignorance of its seriousness and the benefits of catheter ablation is widespread among British medical practitioners, according to the Atrial Fibrillation Association (AFA) despite the fact the treatment is widely offered throughout the U.S. and Europe.

'The biggest bottleneck occurs at primary care level because GPs often don't appreciate the risks and are also unaware of specialist arrhythmia centres,' says Trudie Lobban, director of the organisation. And heart specialists may be no better.

'Many cardiologists are focused by Government diktats entirely

on coronary heart disease, the plumbing problems caused by blocked arteries,' says Dr Adam Fitzpatrick, a cardiologist specialising in abnormal heart rhythms at Manchester Heart Centre.

Like Kirsten, Steve Jones, 64, found his concerns dismissed. The retired software engineer was fishing when he collapsed with severe palpitations. His GP told him he had poor balance and refused to refer him to a specialist.

HIS palpitations continued on and off for several months, but the GP could not be swayed. It was after Steve sought private treatment that atrial fibrillation was diagnosed and successfully treated with catheter ablation.

For Kirsten, it's taken five years to receive the treatment. 'When it first started, I'd get little runs of fast heartbeat accompanied by a surge of adrenaline that felt like a panic attack,' she recalls.

After several visits to her GP, she was referred to a cardiologist, who performed an ECG (electrocardiogram) to check her heart rate.

'He said it was normal to get occasional extra beats and I should stop worrying.'

Her first 'utterly terrifying' full-blown AF attack occurred a

year after her symptoms started. 'The previous day, I'd gone into casualty because the irregular palpitations had become more frequent. But once doctors were sure I wasn't having a heart attack, they sent me back home.'

That night, Kirsten woke up at 1am with her heart racing. Her husband Mark called an ambulance and she was finally diagnosed with AF at her local hospital's cardiac care unit.

'It was a relief to get a name for the condition. But nothing was being done to really help me.'

Over the next four years, Kirsten was put on four different medications. She suffered severe side-effects, particularly nausea, and started having panic attacks.

'I was barely leaving the house, which meant that Mark was overloaded looking after the children on top of his job as a headmaster.'

Finally, Kirsten was referred to an arrhythmia specialist at Papworth Hospital in Cambridge. There, she was warned to keep away from her local hospital.

'If you have another attack, that's the last place you should go because they'll only unhelpfully mess around with your medication,' the specialist told her.

The situation is starting to improve — but slowly. In 2005, all hospitals were told to set up Rapid Access Clinics to assess and treat people with suspected

abnormal heart rhythms within 24 hours of referral. However, only about 30 have been set up so far.

Another problem is that many NHS trusts still regard catheter ablation as an expensive and largely unproven treatment for atrial fibrillation. There are rare risks including stroke — which is why it is important that AF ablation is carried out by electrophysiologists who specialise in treating this type of arrhythmia.

Even so, the serious complication rate is only about 2 per cent, the vast majority of which are easily treatable. What's more, ablation becomes a cheaper option than medication within five years.

The Department of Health is now considering plans to introduce a screening programme. And in June, the AFA is launching a Know Your Pulse campaign, encouraging people to take their pulse at regular intervals.

'Getting to know it can be the best way to become aware of an irregular or jumping heart rhythm,' says Lobban.

Meanwhile, Kirsten is due to have her catheter ablation this week. 'I can't wait to get my life back again,' she says.

■ A NEW booklet, *Catheter Ablation For Atrial Fibrillation*, is available from www.atrialfibrillation.org.uk or by calling 01789 451837

MAKE YOUR OWN MEDICINE: MEMORY BOOSTER

BOTANIST and TV presenter **JAMES WONG** shows you how to make your own remedies.

ROSEMARY WINE

ROSEMARY has traditionally been used to improve the memory and help with the symptoms of dementia.



For this memory-boosting tonic it is best to use southern French or Californian wine (for the high alcohol content and warmth of the sun).

You'll need:

1 bottle of good-quality (preferably organic) wine
5 sprigs of fresh rosemary

BRUISE the rosemary and place it in the bottle of wine. Recork the bottle and shake it every day for the next two weeks.

USE: Drink one small glass of wine daily after eating dinner.

■ GROW Your Own Drugs, by James Wong (HarperCollins, £16.99)



This man could change your life

WE HIGHLIGHT people making medical advances that are transforming lives. This week: Dr Martin Wickham, a researcher at the Biotechnology and Biological Sciences Research Council.

DR WICKHAM has created the world's first fully working model of a human stomach, which simulates both the physical and chemical processes that occur during digestion. The

machine, made from sophisticated plastics and metals so it's not corroded by gut acids and enzymes, is helping scientists see how foods, drinks and medicine are digested. The Dynamic Gastric Model has half the capacity of a real stomach. It first mixes food with acid and enzymes then breaks it down. It's being hailed as a vital tool in developing oral drugs.

■ www.direct.gov.uk/sciencesowhat