

Hi,

My name is Ian - date of birth 23/12/1948.

I am 6 feet tall, and have weighed between 11 and 12 and a half stone during the period I have been afflicted with AF.

I have never smoked (except passively!), eat little dairy produce and fatty foods, drink well under average amounts of alcohol, exercise regularly, with no inherited heart problems, and have never had high blood pressure.

I was first aware of a problem in the week of my 41st birthday, at the end of 1989, but could not convince my GP that something was wrong for a long time. I was very frustrated because I knew immediately that something was amiss – as an endurance athlete one does! He was missing the fact that my slow pulse rate was very uneven.

I had my first cardioversion for AF in late 1992 after several unsuccessful months on tablets.

Over the next 10 years or so I had, roughly, one cardioversion per year!

The first cardioversion resulted in me staying in normal sinus rhythm for two years, but the shortest was only three weeks. Once in AF I stayed in AF until the next cardioversion.

Trying to remain a marathon runner got harder and harder as I lost more and more of my hard earned fitness. This first eleven years of the problem meant that I was constantly tired whilst in AF.

In 2001 when I was in hospital for yet another cardioversion, it was decided that I should have a pacemaker as my uneven pulse rate was in the low twenties. I have been an endurance runner all my life, having run nearly 150 races of marathon length or longer plus 1000+ other races. My resting pulse rate prior to the onset of this problem was 30 beats per minute.

I have had 3 ablations as well since 2001 and, probably overall, 15 cardioversions.

The first ablation I had (on 16/3/2004) did not help – I even had to be rushed back to the lab because I was losing consciousness due to bleeding. The second (on 09/05/2006) improved things quite a lot - I managed to gradually get back to running 15 miles without stopping and started racing again.

I was then offered the chance of a third ablation as the consultant thought he could completely remove the problem.

However having had the third ablation, plus a change of pacemaker, in early May 2007, I regressed to only being able to jog slowly interspersed with walking. I got

tired very quickly and could not even think about training to any degree that would allow me to race again.

At this point I had virtually given up hope of ever returning to training even moderately, let alone racing! Even walking up stairs was hard.

I had a new pacemaker fitted (the third, but the first with three leads on 26/02/2008). This change of pacemaker has made a difference and I have been able to run more. My pacemaker is programmed to not let my pulse rate drop lower than 70bpm and to pace me up to 145bpm.

However the medication I have been prescribed seems to stop my pulse rate from going much above 100 beats per minute, even when exercising.

All this has been rather frustrating to say the least. I am now past the twenty first anniversary of first being in AF and would like to think I could once again routinely have a maximum exercising pulse rate near the 220 minus my age that I should be capable of.

My own GP has listened to me more closely since finding out about the AF, in 1992. He knows that I can tell when it happens. Since the third ablation I have returned to normal sinus rhythm after short periods of AF – which I think is better than staying in AF permanently. However it is still an annoyance that it could happen at any time.

I have never been given a reason why I have suffered from AF. Over the years, I have considered lots of factors and I wonder if low levels of potassium (leading to electrolyte imbalance) might be the reason.