

Questions from patients participating in the ‘Digital delivery of self-care for atrial fibrillation [AF]’ webinars (March 2021) and our Answers

Panel (providing answers): Kevin McGibbon (arrhythmia clinical nurse specialist), Ann Hughes (practice nurse/digital expert), Dr Ruth Chambers (retired GP)

Question 1

How much exercise is safe to do?

Answer

There are no restrictions on exercise. Kevin mentioned that one of his patients who has AF, runs triathlons. If you feel you can do it, then do it – so long as you are not pushing yourself too hard.

Question 2

I’m persistent AF. I’m worried that if it is left unchecked it will become permanent and not reversible. Is this the case?

Answer

Firstly yes, but with treatment it becomes manageable. So start off by arranging a review with your GP who can advise you if you need to be referred to a cardiac specialist doctor or nurse at your local hospital, or whether your treatment can be adjusted by your GP if that is required.

Question 3

I was interested in the section on sleep. I have a very irregular sleep pattern. I usually go to bed at 11pm, then sleep, then wake around 2am and stay awake for 2 to 3 hours. Then maybe I get a bit more sleep until around 6am. I try not to sleep during the day. Can you help?

Answer

Kevin strongly advised this participant to go to their GP to arrange a referral for a sleep apnoea review. This is an extremely common condition for people with AF.

Question 4

Recently I’ve started getting dizzy when I stand up. I’m on candesartan (for my blood pressure) and apixaban (an anticoagulant). Because of the COVID-19 pandemic I’ve not seen had an AF review with my GP or at the local hospital for over 12 months. Should I contact someone?

Answer

If you are already on blood pressure tablets, it is every common to feel dizzy when standing up or standing still in the shower. We recommend that you stand up steadily in stages rather than move too quickly, in order for your body to adjust to your movement. Would be good for you to make a face to face consultation and go to your GP or practice nurse first and get your blood pressure checked; or better still if you have your own blood pressure monitor at home, take some readings when you are feeling dizzy, and before and after you stand up, and maybe two general daily readings too for a week.

You can also E-mail or text your blood pressure readings results to your GP, practice nurse or consultant before an appointment if it is on the phone to give them an idea of where you are at with your blood pressure at different times of day or before and after different activities.

Question 5

What is the device called that records your ECG and is used with an app on your smart phone?

Answer

The device that we displayed in the webinar (in a non-commercial way) is called the KardiaMobile AliveCor. There is a link on the last slide in this webinar that will give you more information from the suppliers.

Question 6

I have an Apple Watch, which can record an ECG, and tells me everyday that I'm in AF. I assume I wouldn't need a KardiaMobile AliveCor device then?

Answer

We use all these technologies ourselves and others we've not mentioned yet like the Fibrichk device. The Apple watch is thought to be as good as the KardiaMobile. The Apple watch (series 4 and above) and other wearable technologies will do more than just take an ECG; but they are more expensive (£299+) than the AliveCor 1 lead ECG (around £90).

Question 7

Having had a couple of cardio versions and in a recent echocardiograph I found out that I have an enlarged atrium of 5.2 cms. I seem to be in continuous AF. How should I manage this?

Answer

AF is all about the symptoms. So it's about recognising the symptoms and with help of your practice nurse, GP or hospital team, to manage those symptoms with a range of medication – so make an appointment for your next review so that you can see if the recent findings will guide your doctor or nurse to prescribe different medication for you.

Question 8

My wife has AF and is beginning to experience regular TIAs (transient ischaemic attacks). What should we do?

Answer

We would advise your wife to book a review appointment with her GP – they will consider whether the episodes are linked to her AF or are precursors of a stroke and she needs urgent investigation or treatment to prevent a stroke. It will be good if you accompany her if she consents to that, as you may be able to update her GP what happens exactly when she has a TIA & how long the symptoms last- as your wife might not be fully aware of the effects on her.

Aspirin and clopidogrel may be used in stroke prevention for a person who has not been diagnosed with AF. But the gold standard for treatment of AF is for the patient to be on warfarin or one of the newer type of anticoagulants. So if someone like your wife has AF or TIA or a stroke risk, they should usually be prescribed stronger blood thinners for effective protection like warfarin, apixaban, dabigatran, edoxaban or rivaroxaban. It is no longer considered enough for patients with AF to take *just* aspirin or clopidogrel as they do not give effective stroke protection and are rarely used as sole agents in this group of conditions now. This is a very important distinction to make.

Information requested

The national AF Association has Patient Open Days annually. They have experts who can answer many questions honestly. In the last year they have operated remotely for COVID-19 reasons. People find the organisation hugely useful. Link to their website is:

<https://www.heartrhythmalliance.org/aa/uk>