

Thank you Matt.

Good morning ladies and gentlemen and thank you for allowing me to speak to you today about my Journey through AF. I would like to assure you that this journey has nothing to do with Lloyds Bank unless the stress of the thirty five years I worked there contributed to my AF.

What I would like to do is to tell you a little about myself and my experiences over the last few years in the hope that it will bring better understanding of the problems facing AF sufferers. My involvement in motorsport has taught me that the most successful teams are the ones with a BORG mentality. I don't mean they all wear skin tight cat suits and look like Jerry Ryan. What I do mean is that they are so integrated and assimilated that they work as one to a common goal and just maybe some doctors could benefit from a greater understanding of some of the fears and problems we suffer. I know that it is terribly easy to focus on the desired end of your journey and miss the scenery along the way.

I was diagnosed with AF over the winter of 2004/2005 although my journey started much earlier than that. Since then I have had three ablations, three

cardioversions, several tons of drugs and quite a few scares along the way. Those are the bare facts but my story actually started in 1997 when I was admitted to the coronary care unit at Broomfield Hospital in Essex following a panic in the night when I woke up thinking an elephant was sitting on my chest. My wife, well acquainted with my medical emergencies after a life time of my accidents was not impressed. She did, however, concede that it might be a good idea to see the doctor in the morning. My GP sent me by ambulance to the hospital where they did all the usual tests until I suddenly remembered that the evening before I had been working on the rear suspension of a racing car and struggled to undo a particularly large and tight bolt. What I had done was tear several intercostal muscles which decided to go into spasm when I went to sleep. Could this have been the catalyst for my AF? Maybe, but it was the catalyst for me deciding to take early retirement from the bank and enjoy life so some good came out of it. Subsequently, having been in the system as it were I was sent to St Bartholomew's Hospital in London for an angiogram which showed no major problems. In fact the doctor's comments at the time were that he wished all his 52 year old patients looked as healthy as that and that I should "bugger off and enjoy the rest of my life."

Fast forward a year or so.

Late one evening, Sam my wife had gone to bed and I was watching a late night film “Debbie does Dallas” it may have been, when suddenly there was a zinging noise, the lights dimmed, the room did half a turn in each direction and then moved sideways two feet. Clinging frantically to the sofa and knowing that Essex was not normally an earthquake zone I was sure that my end was near and just like Peter Cooke in that “why do you always sit in the back seat of a bus” sketch I had a remarkable religious re-think. After a moment or two the world slowed down again but I was aware that my heart had not. I learned to take a pulse when I did first aid in the Boys Brigade about fifty years ago so was able to note that mine was well into the high hundred and some-things but difficult to take as it felt peculiar to me. Eventually after a few minutes things settled down enough for me to turn off Debbie and go to bed. Next morning I told my wife about the attack (not Debbie) and this time she took me to the doctors. Again, a trip to Broomfield CCU. Again a days testing and being sent home with the feeling that the staff thought I was faking it.

Over time I got used to my “flutters” as I used to call them. My GP glibly told me that it was because I had

too large a meal late at night and this made my stomach press against my heart so that I could feel it beating. He did switch the aspirin I had been on as a precaution since my first hospital visit to a gastro resistant one in case stomach irritation was causing it. I was also put on various drugs like Zantac and had an endoscopy examination to see if I had an ulcer. At no time was I put on any monitoring equipment for my heart.

In June 2004 I moved to Barnstaple in Devon and started renovating the bungalow we had bought for the view. Several times over the next month or so I had bad attacks of the flutters. Eventually after a particularly difficult couple of days I went to my new GP and my life changed in an instant. Her own mother had suffered AF so she had intimate knowledge of the subject and recognised my problem straight away. She sent me to the local North Devon District Hospital where I underwent the usual stress ECG, blood tests etc and was fitted with what in motorsport we call a data logger. Two weeks later and I was being told all about Paroxysmal Atrial Fibrillation which was apparently what I had been suffering from for some time. Now at this point it is worth noting that it was only the intimate knowledge of the problem by my GP that changed things for me which is why the work of Arrhythmia Alliance, Atrial

Fibrillation Association and events like Arrhythmia Awareness Weeks, campaigns such as Feel the Pulse etc are so important in getting the message across to primary care and the public in general. We have heard many reports of the excellent work carried out by some of the one stop arrhythmia clinics around the country but they can only work from referrals from primary care until such time as we have open access to such clinics. All of you MUST try daily to pass on the message.

Moving on; after initial diagnosis I was put on atenolol and given fleceanide as the dreaded pill in the pocket whilst being told about this thing called ablation which was the latest weapon against AF. I was referred to John Dean at Royal Devon and Exeter Hospital who discussed my options whilst carefully also explaining the risks involved. At the time, I didn't like the numbers I was given so declined to progress along that avenue and it was agreed that I would see how things worked out. Privately whilst I was out of the room, Dr Dean did tell my wife that the problem would most likely get worse and of course he was right. Consequently, about six months later I went back to Dr Dean and asked that I be referred for ablation as by then I was having at least weekly attacks which often lasted for up to two days or more.

My next port of call was Brompton Hospital in Chelsea where I met Dr. Jonathan Clague who again explained the risks and success rates and by now the numbers looked more acceptable to me. It has been said that if you are running away from a lion towards a river full of crocodiles, the crocs look the better bet. He also changed my medication to Propafenone which had fewer side effects other than a bitter taste in my mouth most of the time. You get used to it!

In June 2006 I had my first ablation and things didn't look too good the following day when I was allowed out of bed for a shower. My blood pressure went into orbit along with my heart rate and intravenous amiodorone was prescribed to bring things under control. This they did and I was sent home after another 24hours. Two days later I was in casualty at North Devon Hospital with the same problem and even after a couple of months it was obvious that things had not gone well. Eventually I made contact with Dr Clague and a second ablation was arranged at Easter 2007. This was much more successful and for about six months I had no symptoms at all but a return to AF late in the year resulted in a cardioversion and over the next year I had several attacks of AF or Atrial tachycardia and a second cardioversion. Dr Clague then performed a third ablation this May to re-isolate the PVI's that had

healed themselves. Don't you just love it when that happens. My final cardioversion in June was to cancel out another attack of A tach. I'm still here! Now it is important to realise that the treatment of AF is very new science. The EPs and Doctors who treat us are at the forefront of their game and methods of treatment are being refined and improved all the time. In ten years AF may be an easily treated condition. Who at Kittyhawk in 1906 when the Wright brothers first Flyer staggered into the air could have foreseen Concord or Eurofighter Typhoon.

Lastly I would like to pass on a piece of advice I was given by a friend a couple of years ago. He told me that it was important to engage with the people who were treating me. Learn about the problem, ask questions and when you don't like the answer ask another one. That way he said you will be a partner in your treatment. Otherwise you are just a customer.

Now , thanks to the generosity of Sanofi Aventis who funded the film I can show you the DVD which I helped to make earlier this year. I must stress that although I am in it, the story is a dramatised one and belongs to all of you.

Thank you.

