

# THE AFIB REPORT

*Your Premier Information Resource for Lone Atrial Fibrillation!*

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1<sup>st</sup> YEAR



## **Editorial**

*It is estimated that about 700,000 new cases of lone atrial fibrillation are diagnosed every year in the United States alone. Lone atrial fibrillation (LAF) is usually intermittent (paroxysmal) and is characterized by the fact that it is not associated with an underlying heart disease. As a matter of fact, there is now substantial evidence that LAF is really a symptom of an autonomic nervous system dysfunction and may be aggravated by excessive physical or mental stress.*

*While LAF is not considered life threatening it certainly can cause a serious deterioration in one's quality of life. Having suffered from LAF myself for over 10 years I am well aware of the debilitating effects of this disorder and am committed to doing my part in finding a solution to the problem.*

*The medical establishment, with the exception of a few trail-blazing electrophysiologists, has unfortunately been slow to recognize the origin of LAF and is still trying to treat it with heart drugs and surgery. This approach has had little success and, as things stand now, there is no safe, effective medical treatment for this condition. Nevertheless, there is a great deal of research going on concerning LAF and this is where **The Afib Report** comes in. **The Report** will appear monthly in International Health News and will present the newest developments in the quest to vanquish LAF. We will cover the latest drugs and surgical methods, but will continue to focus on alternative methods for dealing with LAF. The LAF Forum at the International Health News website receives hundreds of enquiries and many extremely worthwhile suggestions for what can be done on a practical level. We will include the best of the Forum in future issues of **The Afib Report**.*

*There is growing evidence that amalgam dental fillings and a magnesium deficiency in the heart tissue may be major problems for LAF sufferers and it now appears that the diet can have a profound influence on the stability of the autonomous nervous system and in consequence on the risk of an LAF episode. We will cover all this and more in this and future issues of **The Afib Report**. Welcome aboard!*

*Yours in health,  
Hans Larsen*

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## **Are heart drugs effective?**

Researchers at the Johns Hopkins University School of Medicine have just released a major

study aimed at determining the effectiveness of heart drugs in converting atrial fibrillation to sinus rhythm and in maintaining sinus rhythm in AF patients. They looked at the results of 36 major clinical trials and reached the conclusion that ibutilide/dofetilide and flecainide (Tambocor) are the most effective drugs when it comes to converting AF to sinus rhythm. Ibutilide/dofetilide was 29 times more effective than placebo and flecainide 25 times more effective. Verapamil, diltiazem (Cardizem) and digoxin (Lanoxin) were all found to be essentially useless; that is, no

better than placebo. So while these drugs may be helpful in slowing the heartbeat, they are ineffective in converting it to normal sinus rhythm. Propafenone (Rythmol) and quinidine (Biquin) were much less effective and sotalol (Sotacor, Betapace) actually had a negative effect. None of the drugs evaluated were particularly effective in maintaining sinus rhythm; that is, preventing another attack. Quinidine, disopyramide (Rythmodan), flecainide, propafenone, and sotalol all showed some positive effect while verapamil, diltiazem and digoxin had no beneficial effects. The researchers point out that all the drugs tested can have serious side effects and there have been reports of increased mortality with flecainide.[1]

Considering that LAF is a disorder of the autonomic nervous system it is not really surprising that heart drugs won't cure it although they may temporarily suppress the overt symptom of fibrillation.

Researchers at the University of Michigan Medical Center have recently confirmed that not only is digoxin (Lanoxin) useless in the treatment of LAF, but it may actually worsen the condition. They conclude that digoxin might promote atrial fibrillation not only in patients with the vagal type, but among all atrial fibrillation patients.[2]

So if you have LONE atrial fibrillation and are taking digoxin ask your doctor to help you discontinue it.

## **LAF and the nervous system**

Professor Philippe Coumel of the Hopital Lariboisiere in Paris, France was the first electrophysiologist to propose that LAF is a disorder of the autonomic nervous system. Dr. Coumel suggested that there are two forms of LAF – an adrenergic form and a vagal form.

LAF of the adrenergic variety occurs exclusively during daytime and is often preceded by exercise or emotional stress. Frequent urination (every 20 minutes or so) often occurs during the early phase of an attack. This type of LAF can also be a symptom of hyperthyroidism or pheochromocytoma.

LAF of the vagal origin is often observed in athletes and people with digestive problems and is most common among men aged 40 to 50 years. The commonest feature is that of weekly episodes, lasting from a few minutes to several hours. The essential feature is the occurrence of attacks at night, often ending in the morning. Rest, digestive periods (particularly after dinner), and alcohol consumption are also predisposing factors. Exercise or emotional stress does not trigger the arrhythmia. On the contrary, on feeling the sensation of an oncoming episode (repeated atrial premature beats), many patients have observed that they can prevent an attack by exercising, but the relaxation period that follows an effort or an emotional stress frequently coincides with the onset of vagal LAF.

The means of preventing reoccurrence of the two forms are quite different. While beta-blockers like atenolol (Tenormin) and propranolol (Inderal) may be quite effective in preventing adrenergic type attacks they, as well as digoxin, will worsen the vagal form.[2,3,4,5]

## **Diet and LAF**

It has been known for some time that diet can influence the autonomic nervous system in diabetics. Some very recent research has found that the effects of diet on the nervous system may also be quite profound in normal, healthy people. In other words, relatively poor glycemic control can lead to a dysfunction of the autonomic nervous system. Could such a dysfunction in turn lead to an attack of LAF? We shall explore this and other fascinating links between autonomic system dysfunction and LAF in the next issue of the **The Afib Report**. Stay tuned!

## **References**

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- [4] Hohnloser, SH, et al. Atrial fibrillation and the autonomic nervous system. *Z Kardiol*, Vol. 83, Suppl 5, 1994, pp. 21-7
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## **BOOK REVIEW**

### **ATRIAL FIBRILLATION My Heart, The Doctors and Me**

E.A. Butler

King of Hearts Publishing, Salt Lake City, UT, 2000

204 pages

It is estimated that about 700,000 new cases of lone (paroxysmal) atrial fibrillation (LAF) are diagnosed every year in the United States alone. LAF is a very frustrating disorder – although not life-threatening it is debilitating and can really play havoc with your life – and the medical profession has no cure for it.

E.A. Butler, the author of **Atrial Fibrillation: My Heart, The Doctors and Me**, is well acquainted with the treadmill of fruitless visits to GPs, cardiologists, and electrophysiologists. He has personally experienced the frustration of trying one powerful heart drug after another only to find that they did not help and, in some cases, made things worse. Mr. Butler is a retired management consultant and columnist for the *Chicago Tribune* and his writing is eloquent and easy to follow. Besides relating his own experience with LAF the author also clearly presents the results of his impressive research into the various drug and surgery options and the role of stress, diet and lifestyle in the development and progression of LAF. He concludes that “afibbers” must take charge of their own health if they are to get better and provides a wealth of information and advice to make their task easier. The author has now reduced his frequency of LAF attacks from as many as three a week to just two a year through a program of stress reduction, exercise, appropriate diet, and supplements in combination with a beta-blocker and the heart drug flecainide. His book does not provide the ultimate solution to the LAF puzzle, but it certainly is an excellent starting point for the journey to full recovery. A MUST READ for anyone diagnosed with lone atrial fibrillation. You can order **Atrial Fibrillation: My Heart, The Doctors and Me** at our website <http://www.afibbers.org/books.htm>.

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