

THE AFIB REPORT

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Do Statin Drugs Precipitate Vagal AF?

By Tom Voll, P.Eng.

I have been much empowered through your research and *The AFIB Report* to learn and assume responsibility for my AF care, alongside my doctors. As a fellow engineer, I thought you might be interested in my latest observations.

I do a lot of international travel. During March this year I was on a trip which had to be extended a week. During that time I ran out of my Lipitor prescription. After a few days without Lipitor (normally 20 mg/day), I noticed that I seemed to be less likely to have ectopics and seemed further away from that "feeling" prior to having AF.

Then I recalled that I have been having trouble with AF almost as long (8 years) as I have been taking Lipitor (about 10 years now). So I decided to go without Lipitor to see how much my AF might be a side effect of taking Lipitor. Sure enough, the longer I was without Lipitor, the better I felt. I even cut my flecainide prescription in half (150 mg/day to 75 mg/day) with no problems.

I have classic "vagal" AF (starts during sleep, worse when sleeping on left side, or letting down after exercise, after eating, esp. caffeine, salt, alcohol). Also, alpha and beta-blockers almost killed me. So I did some research in medical journals and found three different articles connecting statin use with "improved" (increased) vagal tone (from increased vascular Nitric Oxide), as well as reduced LDL. My theory is that the increased (hyperactive) vagal tone is what was initiating my AF. Since "vagal" afibbers constitute a minority of AF patients, most researchers and MDs probably assume that increased vagal tone is better for everyone, which is why the connection between statins and vagal AF might have been missed. My holistic MD has tried a few statin substitutes (red yeast rice, pantethine, krill oil), but they all seemed to stimulate AF events. I am now trying niacin as a statin substitute.

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