HWM06 Interview 17Nov2020 Transcription

[Delay at start as participant did not have questionnaires. I emailed them across but they went in his spam folder. As a result, I read the questions and he answered, but he did not have the questionnaires in front of him]

RB: So first is just a bit of technical, demographic data, um, what year were you born? Do you mind if I record that?

HWM06: Fine, 1961

RB: 1961. And how many years' formal education did you have?

HWM06: Ummm so I left… sixth form, so however many years that is, 5 to 18 is it?

RB: So 12 years probably. So further education. Um, and what do you do for work [name]?

HWM06: Um I work part time in a golf shop at a golf course.

RB: Oh do you?

HWM06: So just a couple of days a week. So there's been.. doing a lot of furlough this year [due to COVID -19 lockdown]

RB: Yeah, sure. And do you play golf?

HWM06: Yes.

RB: And how do you describe your ethnicity?

HWM06: Um white… British white? Is that the right phrase?

RB: Anything you like, it's your description, you can call yourself anything you like

HWM06: Ok, yeah, British White

RB: Ok. And the pseudonym we'll come back to [use of pseudonyms was discussed during the consenting process].

HWM06: Ok

RB: Have those questionnaires arrived with you yet?

HWM06: No, I've just got an out of office reply from [inaudible]

RB: Oh, that's because I've just received your signed consent forms, so thank you for that, and you've just got my out of office because I'm actually on holiday [laughs] one of those special lockdown holidays, you know?

HWM06: They haven't arrived yet.

RB: Ok, well we'll start going through the rest of the questions and we'll get there slowly.

HWM06: Ok

RB: So the first question is gender

HWM06: Male

RB: Male. They only give you two options on this one, it's a bit old fashioned. Um, and then "Are you in Atrial Fibrillation at the moment?"

HWM06: Yes

RB: Yeah. Do you know when you're in atrial fibrillation?

HWM06: Yes

RB: You can feel it? What, what sort of feeling… what sort of symptoms do you get?

HWM06: It's just palpitations and fluttering. And then I just take my pulse, with, well checking the pulse in my neck and the erratic speed of it and the erratic beats

RB: Yep. Does it bother you?

HWM06: Um, it does because um I had the cardioversion and it lasted a week, but in that week I felt absolutely brilliant, like a spring lamb, um, and I hadn't realised how much the AF was affecting me

RB: Oh that's interesting

HWM06: I hadn't realised how much I couldn't do, I hadn't realised how bad it was making me feel, to compare with the week I was back in sinus rhythm.

RB: Oh that's really interesting, so it's something you're aware of perhaps but doesn't bother you out and out, but then weren't in it you suddenly realise what a big difference it was making to you?

HWM06: Yeah.

RB: Yeah. That's very interesting. So then the next question I've got on here is on a scale of 1 to 10 where 1 is your worst possible life and 10 is your best possible life, how do you feel about your life at the present time?

HWM06: In particular relation to AF you mean? Or general?

RB: Well, it is an AF questionnaire but I think we've got to bear in mind that we're in the middle of quite an unusual period of history at the moment and that's affecting how a lot of people feel about their life, and also if there are other factors at play as well, um , please feel free to include those

HWM06: Well it's um.. on a scale… probably about a six

RB: About a six

HWM06: Yeah.

HWM06: It's sort of middle-of-the-road – it's not dire, and it's not brilliant, so yeah around..

RB: Around a 6

HWM06: Yeah

RB: What things are contributing to that 6, what would make it better, what's making it less than 8?

HWM06: Um, just the limitation and not doing things physically, really. I can do like a sort burst of activity, so like if I was doing stuff in the garden, it's like a short burst and then it's a sit down for a long time. So that's really frustrating, and though before I hadn't… I used to play golf about three times a week, and.. with the AF I've almost stopped playing. I can't, or I couldn't, get round the golf course, um, and I hadn't realised how much it had affected me until it started impacting on my usual routine, and exercise routine.

RB: Yeah, ok. Ok. And how much [interrupt each other] no no, that's ok I'm just digesting what you're saying. And apart from golf do you do any other exercise?

HWM06: Well mostly I just go for walks, a little cycling, um… and I have been walking with my son and my brother-in-law and his son, we were doing the Ridgeway walk…

RB: Oh lovely!

HWM06: …in sort of weekly sections but that's all come, that, that all came to a stop A because I couldn't physically do it and B because we've got to lockdown and.. it sort of tailed off for the winter anyway because it was too wet and cold, but umm

RB: Yeah, it's exposed isn't it, up there?

HWM06: Yeah but also because I couldn't possibly contemplate commencing it again. Because I just wouldn't be able to do it.

RB: Right. And that's all because of your AF basically.

HWM06: Yes. Yeah. I can, I can give you an example of, you know I mentioned earlier about how different I felt with.. during that week that I was actually in sinus rhythm I did play golf, I went to play golf with my son. And I walked round the golf course, and it was easy. And he said, you're like a completely different person, who are you? He said, you've walked up the slopes, up the hills, you're not even out of breath. And when I've been with you before when you've really struggled, he said, I thought I was going to have to call the paramedics, he said you were like dying on your feet, he said. But it's so noticeable what the difference was. Um and then as I say my mood was sort of compounded and made worse by the fact that a week later then it's all gone back. Square one.

RB: Yeah that's really disappointing isn't it. Was that your first cardioversion?

HWM06: Yeah it was. And hopefully they'll have another go.

RB: Yeah. So, you're in AF at the moment, how often do.. is your AF continuous or do you have breaks in between? How often are you in AF?

HWM06: It's continuous at the moment. It was, before the cardioversion I had, um, well I've experienced AF for about two and a half years. And first of all it was just um, occasional, it would go out and then a couple of hours later it would go back to normal, or overnight it would go back to normal – I would wake up the next day and I was back. Um, it's sort of.. I would sometimes have three or four months in between anything happening, um, but it was actually this year, this March, end of March that coincides with the lockdown – or any stress caused by that, but it actually went to permanent. And then that just really impacted on what I could do and how I felt, so the cardioversion was arranged.

RB: Ok. And then, how severe would you say your AF is at the moment?

HWM06: Um, severity in terms of what? Of what I can do, or..?

RB: Yeah

HWM06: I wouldn't contemplate going out and doing any gardening or.. I would go for a walk around the block, or a cycle ride 'cause that's not energetic in terms… but I was doing some work in the house this morning, I had to change my shower over, and that was about an hour's… and it wasn't really physical work but after an hour I'd had enough, I just.. had to sit down, um sort of chill out a bit

RB: Ok. So if you had to say – this is just to get a comparison of how your symptoms have changed over the past two and a half years – if you had to say from 1 to 10 if 1 was not at all severe and 10 was extremely severe, how severe would you say it was on that scale? Now?

HWM06: Um, probably 7 going on 8?

RB: Ok. And comparing then with your first episode, how severe would you say your first one was?

HWM06: The first episode was severe because it was really scary what was going on

RB: Ok, can you tell me a bit about what happened?

HWM06: Yeah I think, I think I'd just finished playing golf, and I sat down for a meal afterwards and I just started feeling really weird, and started sweating a bit and um, I could feel my chest pounding and I was confused – I didn't know whether I was having a heart attack, or heart issues, but feeling my pulse it was really really scary, 'cause I wasn't.. didn't know what was going on um. Just, just sort of felt unwell. Because I was sitting down it helped, because it didn't really make me want to have to go and sit down, um. Because subsequent times when it happened I'd get really lightheaded and dizzy and have to sit down somewhere. Um so that would sort of stop me in my tracks from what I was doing when those episodes happened. So the first time it was quite scary, 'cause I didn't know what was going on.

RB: Sure, so how would you rate that from 1 to 10, given the scariness of it?

HWM06: Um probably 9, probably, I.. I didn't fear for my life – does that sound weird?

RB: No it doesn't sound weird

HWM06: But I didn't understand what was happening, it was just a strange sensation and it felt quite debilitating at the time

RB: Yeah

HWM06: And I think it went back into rhythm pretty quickly. It was only about an hour or something, um, that then I suddenly realised it wasn't doing it any more. So it was like a, I suppose then I sort of just chalked it down to experience, perhaps it had happened because I'd been out and played golf or something and, and.. it was just telling me to take it easy - I don't know, I don't know. Um really, so it was the experience of it and then sort of lack of understanding of what was going on.

RB: Yeah, that makes perfect sense. And did you, have you ever had to go into A&E with your AF at all?

HWM06: Yeah I did in the early days, um not on that occasion. There was.. I think I went, not sure if I went to the GP first, after two or three times it happened, um, and there, oh no I phoned, that's it I phoned the NHS helpline – is it the 111?

RB: Yeah

HWM06: That one, and they advised me to go to A&E, which I did, my wife took me up there. And we sat there, it was still in AF, but I think I remember saying to her you know we've sat here so long it's going to be back normal by the time they get [inaudible, RB laughing] But it wasn't, they actually record… they did the ECG, told me that it was AF and they gave me a… gonna say flecainide? Does that make..?

RB: Yeah

HWM06: …and then they wouldn't let me go home until the effects of that had brought my pulse back down to a more steady rate. Um. So… yeah so that was I don't know how many episodes it was before that happened, I think it was several. And I think it had started happening more frequently, so sort of decided to.. think we Googled it first as we all do, found out we're all dying and got cancer and every other issue in the world 'cause we just Googled what the symptoms were

RB: Good old Dr Google

HWM06: Yeah, um. But then say phoned the NHS helpline just for advice for what to do, I think it was the weekend. So we ended up presenting ourselves to A&E but I was home… I'm trying to recall what time I went in…

RB: It wasn't an overnight stay though by the sound of things

HWM06: No they didn't keep me in overnight but I think it was probably about 4 in the morning I came home from A&E, it was probably about 8 in the evening I went. So it was quite a while in there but quite a lot of that was waiting to be seen.

RB: Yeah, ok. And in the past year have you had to go into A&E at all or was it just in the early days?

HWM06: No it was just, I think it was just that one occasion. Sort of, got more of an understanding about what was going on. And in the early days when it sort of went back in of its own accord you'd

sort of just expect it. You'd say, oh, I'd think right it's in AF now, um, but it'll be alright in the morning, I'll go back to sleep, to go to sleep now, and it'll be fine in the morning. Which is how, exactly how I felt when I went into AF, expecting it to be back normal in the morning and it wasn't.

RB: It wasn't

HWM06: The next day and then it wasn't the next day and it just sort of carried on.

RB: And have you… you've obviously seen a cardiologist, because you had the cardioversion…

HWM06: Yeah

RB: Is it just once you saw the cardiologist and then they booked you in for the cardioversion?

HWM06: Um, I think… I might have seen them twice… I think following my first visit to A&E, I think there was a follow up was made. I think I was advised to go and see my GP after that, after that visit to A&E. Um, and I think I ended up being put on beta-blockers then…

RB: Yeah..

HWM06: And um… Was that occasion I was put on blood thinners? To minimise stroke risk. That may not have been after the first.. That may have been after the cardiologist visit - first one. I can't remember. It'll probably be in my notes won't it?

RB: Oh yeah I can.. that's ok, and it's not sort of super-important either. But thinking about those cardiologist clinic visits, can you remember what sort of conversation you had with them, any sort of advice they gave you at all?

HWM06: Um, yes, um.. I got advised to stop drinking alcohol. Um and change my coffee to decaf and tea to decaff, and sort of avoid caffeinated things – even chocolate

RB: Right, ok

HWM06: Is that? And I did that. So I stopped drinking. So it was over a year that I haven't drunk. Um and that's what really peed – sorry can I say that? Really peed me off

RB: Absolutely! Go for it!

HWM06: It's such a long gap, um, after the episode and then I had stopped all these things so I felt really miffed 'cause I was depriving myself of the alcohol – not that I drank much anyway but socially I would drink, like after golf we'd have a beer. And so deciding to give that up and not have any at all, and then it went on um, just trying to think, think after Christmas I had another episode, so it was after Christmas last year, so at the start of this year I had another episode and I felt so cheated that I.. well I hadn't had an AF episode since all these things and in the end I had another one … which came as a bit of a shock, cause I thought I'd cured myself. Um.. Yeah but still, still on that wagon, still not drinking

RB: Good for you, good for you

HWM06: Although I am tempted to! [laughs]

RB: Um, so moving on now to the actual symptoms, we've talked already a little bit about this, um.. you have palpitations you were saying?

HWM06: Yeah, I have.. feels like fluttering in my chest. Um and it's not all the time, it sometimes becomes a bit more intense, so it's noticeable. Um so then I usually just take my pulse, and just hold my fingers on my neck, feel my pulse. And then it's almost like I'm reassured, because I know it's not right.

RB: Yeah, but you know what it is

HWM06: I know what's causing it and why I'm feeling like that. And other times I'll feel really dizzy and have to sit down, or just take a moment. And again I just check my pulse, I know exactly why it's happening, it's because.. or it's at the same time if it's not [inaudible] at 60 then it's heart rate

RB: Yeah, yeah. So do you have palpitations every day?

HWM06: Um no. I think some days I don't. I think some days I notice them more. Some days I go the whole day and not sort of.. sort of mentally not take a note that they're happening, um even though they might be. I don't know whether I'm getting used to them. But I don't pay that much attention to them any more. It's not, not the… um, not normal.

RB: Sure. So if you had to say how much you were bothered by them would you say not at all, very little, a little, a fair amount, a lot or a great deal?

HWM06: I'd say a little

RB: A little

HWM06: 'Cause I know what it is and why it's happening. And also because when I saw the cardiologist, the last time, and he just confirmed well he'd done all the checks and it's not heart failure and you're not going to die from it, it's just one of these things that happens. So your mind gets put at rest so when it palpitated a bit you're just like, well it's happening, just get on with it.

RB: Yeah ok. That's interesting. You said you get short of breath if you're doing physical activity, how much does that bother you from not at all, very little, a little, a fair amount, a lot, a great deal?

HWM06: Er, a lot really because not only is it physically really draining it's mentally.. really challenging. Particularly from going from what I did do, and I mean that's.. if I take my size and weight and general fitness out of it I mean my fitness has got less because I've been able to do less. But just, just the mental side of not being able to do what I could do before. And then as I said doing that week where it was back in normal sinus and just, being able to go back into what I was doing before. Which is why it was so upsetting when it went back into AF. And it sort of just knocked me back again.

RB: It sounds very frustrating

HWM06: It sort of didn't.. um.. just say look the week that I have is.. the only thing that was different that week is the fact that I didn't have AF and I was back in normal.. Now whether there was a placebo effect in that, because I felt so good and I did more and I was able to do more.. I don't know

but that's sort of hindsight talking I suppose. I just felt so much better and more able to do things. I noticed straight away that I wasn't getting out of breath, I could do things, I wasn't getting dizzy, I felt like I had just a major spring in my step, I felt a lot younger and fitter, straight away.

RB: Yeah, ok. Do you ever get short of breath when you're just sitting down?

HWM06: Um, I actually am a bit now, doing all this talking [laughs].. Not majorly short of breath but it's.. I notice

RB: But a little, you do feel it, yeah..

HWM06: Yeah

RB: And you obviously feel quite tired when you're exercising, would you say that bothers you a great deal?

HWM06: Um yeah. I've.. to be honest I feel quite tired most of the time..

RB: Even when you're resting?

HWM06: Yeah, energy levels aren't great

RB: Yeah, ok. Um, you mentioned also about lightheadedness and dizziness, how often does that affect you?

HWM06: Um, that's, this sounds weird, sometimes like getting up when you're sat on the loo, and you have a little moment where you feel a bit dizzy and you think I've just like stood up a bit too quick there. Um or sometimes getting out of bed, even, and standing up, you're like sit back down again quick. It's not predictable when it happens, and it doesn't happen all the time.

RB: Would you say you were bothered by it a little?

HWM06: Um..

RB: Or more than a little? Or less?

HWM06: A little, I suppose but it… a lot of the answers that I'm sort of giving it's because it's tempered by the fact that I know what it can be like and if I hadn't had the cardioversion and had that week I'd probably be painting a really doom and gloom picture, much more than I am. Um, it's like I'm able to quantify how I feel before and after

RB: Yeah, oh that's interesting. Do you get any chest pain?

HWM06: Um I've had a couple of episodes but I've sort of put them down to indigestion

RB: You don't associate it with your atrial fibrillation?

HWM06: No, no. Um, no because they've gone within a hour or so. It's not very often.

RB: Ok. I'm going to move on to the second questionnaire now which is much shorter, this is called the EQ-5D-5L and it asks you about different activities and how well you're able to do them. So I'll just read out the answers - the questions to you

HWM06: Ok

RB: So the first question is mobility. I have no problems in walking about, I have slight problems in walking about, I have moderate problems in walking about, I have severe problems in walking about, or I am unable to walk about

HWM06: Um, [sighs] I can walk about, it's… I can probably walk about a mile before I've sort of had enough and need to have a rest. Um, so I can physically walk. Um, I do notice that when I do walk my hands swell up and my feet, I feel my feet swelling up, um, and I, my wife tells me I pant quite a lot, quite noticeably. But if I take it nice and steady and just plod along, which is not what I usually do but I have to do because I'm getting out of breath or I'm physically tired. So I'm still able to walk but it does limit, with comparison with what I'm able to do

RB: Yeah, I understand, I get you

HWM06: So is that a moderate? Or..

RB: A moderate, yeah sounds.. And the same options for self care – I have no problems washing and dressing myself, slight problems, moderate problems, severe problems or unable to wash and dress myself

HWM06: No problems

RB: No problems. The usual activities so this would include your work, your leisure activities, things you do around the house – I have no problems doing my usual activities, slight problems, moderate problems, severe problems or unable to do my usual activities.

HWM06: I think moderate problems

RB: Moderate. Pain and discomfort – I have no pain and discomfort, slight, moderate, severe or extreme pain and discomfort

HWM06: There's no pain or discomfort, really

RB: And then anxiety and depression – I am not anxious or depressed, I'm slightly anxious or depressed, moderately, severely, or extremely anxious or depressed.

HWM06: Um, it varies. I feel I know when I'm having a black day, and so I have experienced several sort of episodes of, of darkness if you like or being down, um… not often, but it does happen. And we've got our coping strategies with that, um, just in terms of talking about things we like, want to do, realising that it's not a permanent thing, that it's going to pass and um… look on the bright side and guess then you don't realise that it has gone away

RB: Yeah. So would you say slightly?

HWM06: Um, slightly, yes. Yes.

RB: And then the last question: if I were to ask you to rate your health today, if zero was the worst health you could possibly imagine and 100 was the best health you could imagine, where would you put yourself?

HWM06: Um… 60?

RB: Good. And what would you want to do to make that 60 into 80?

HWM06: Um, I'd like to get back to sinus rhythm, 'cause I know it works

RB: So you know you feel better when you're in sinus rhythm

HWM06: Well I did in that week, so if I'm basing it on that then yeah absolutely, if that makes me feel, if that happens, if I can get back to sinus rhythm by whatever means and that makes me feel like it did that time, then absolutely. That's going to make me probably feel more, more than 80

RB: Yeah, yeah. Ok great. So I'm going to speak a little bit now about weight management, because obviously you understood the study's about the connection between weight and AF. Um and you mentioned that you are quite a big bloke

HWM06: Yeah

RB: Have you always been a big bloke, or has that come on with age?

HWM06: Um it's sort of come on with age. Yeah I've al.. I've never been skinny . I've been fit, I was in the fire service, I had to be fit

RB: Oh right, ok, yeah

HWM06: And so I did that, I retired I was medically retired from the fire service not related to any of this but on an eye-sight issue. Um, that's… so it was sort of a change in lifestyle completely after that and sort of the weight crept on then, I was around 40 years old and middle-age spread started to come in. Yeah, just I just got bigger and was buying bigger clothes quite often and as I'd go on I'd crash diet or a healthy regime and I'd lose a couple of stone because I didn't like my jeans feeling as tight as they did and I didn't want to go and buy a bigger pair, kept sort of incentive yourself, doing it. Yeah so there were various things, it was... I've sort of yo-yo dieted for years and at one point I did really well, I joined Slimming World and lost a lot of weight, I lost 9 stone

RB: Wow! That's a huge amount!

HWM06: And felt really good for it and was really fit, and… then I had than first AF incident while I was at my skinny stage

RB: Oh that's interesting!

HWM06: So I don't whether that there, I don't think that's attributed to the way it is, probably just.. I don't know what starts it off. I've had high blood pressure for years and years and years and I know that's related to AF. The stuff I've been reading. Stress is related, has some bearing on it I think, or it's been shown.. But yeah through the sort of constant.. sort of this year when it's sort of become more constant the AF, I've put weight on because I've been unable to do what I would normally do. And then because it's like a vicious circle then, isn't it. You can't do it so you're feeling bad, or down, and you can do or I certainly do a bit of comfort eating, um, when I'm feeling sad and down, it's a bit of a Catch 22, and then I'll pull my boots up a little bit and lose a stone or so, I'll feel really good

about it and then I'll just lapse back in. So.. um.. Yes, so I'm not the smallest I could be at the moment.

RB: So what do you weigh at the moment?

HWM06: About 23 stone, 24 stone

RB: And what was your maximum? You said you lost 9 stone

HWM06: Yeah I was, 25

RB: So you went right down to 14?

HWM06: No, that's not right, I went down to 17

RB: Yeah sorry that's my maths.. [laughs] so you were up to 26

HWM06: That's about 8 stone isn't it?

RB Yeah that's 8 stone. Wow, that's a huge amount of weight to lose. How tall are you as well sorry?

HWM06: 9' 6

RB: 9' 6

HWM06: I would be then, I would be really skinny

RB: [laughing] oh sorry I've just written that down! [both laughing] No really, I am doing a masters degree honest!

HWM06: No, 6' 1 is the honest answer. And you wrote 9' 6 down! Trouble is I can't play basketball anymore [laughing]

RB: So thinking about when you were losing weight, you say you yo-yo dieted a lot, what, tell me a bit about your diet – what sort of things do you eat, and what do you change when you're trying to lose weight?

HWM06: Um when I try and lose weight I'll cut out all the biscuits and sweet stuff, well I stopped eating all the chocolate and sweets anyway um.. but during this lockdown it's sort of got back to cup of tea and a biscuit or two or three or four.. um, Portion size seems to grow when I'm putting weight on but then I'll sort of go back to the Slimming World ethos, because I did that for over a year which accounted for the weight loss, so I sort of.. through their scheme and how they run these things got education I suppose about good things and bad things and portion size and allowances. But the results came from that. But it was really weird though because I'd set myself a target and when I finally got to that target through Slimming World all the incentive went. And it was great, it was great all the people I'd see and I hadn't seen people for ages and they'd. wow! To be honest a lot of people used to ask if I was alright, or if I was unwell

RB: Right, because they saw the weight loss

HWM06: But a lot of people would say wow you look really good. And your self-esteem is so good, you feel so good. But yeah, it was weird, once I got to the target it was, well, there you go. Little bit bored with this now, what else can I do? And then it all just creeps back on. Or, I allowed it to creep back on

RB: And how do you eat sort of day to day? Do you consider that you eat a healthy diet? What sort of things do you eat?

HWM06: Yeah pretty healthy. Often have a bowl of porridge with fruit on it for breakfast, um decaf coffee, um I try to have a tin of soup or pasta and rice and meat. And breakfast-wise I might have toast instead of the porridge, brown bread. Tea is usually.. or evening meal we usually have that around half-five six o'clock, and that's good enough, that's potatoes and meat and vegetables. Um we do or I do eat a lot of puddings. But for pudding I'll have like a yoghurt or banana and custard or rice pudding. But that's I think that's all extra, I wasn't doing that when I was doing the Slimming World.

RB: Do you snack in the evenings?

HWM06: Um generally no. If it is it's a piece of fruit or some grapes. Um yeah. Sure.

RB: So where do you think the extra weight comes from? Do you think it's portion size as you say or the sneaky biscuit in between?

HWM06: Yeah I think it's portion size. So it's eating too much so that.. I convince myself it's the balance and the expenditure of energy, so it's um eating too much and then not using those calories up

RB: Yeah. And do you feel that you're – we've sort of been over this but just to clarify you're not using those calories up largely because of your AF?

HWM06: Certainly, certainly, but also that combined with the medical feeling or state of mind… like too much effort.

RB: So in the two and a half years that you've had AF, have you put more weight on in these two and a half years than previously?

HWM06: Yeah, oh definitely, definitely, and because I'm not doing the exercise. I'm not doing the healthy walking and the playing golf. And I used to, we live in [town] and work in [City] so in the summer months I'd cycle into work. But I couldn't even contemplate doing that now. If, *if* I got to work I'd just be wrecked for the rest of the day. So that's back to the car. But lockdown obviously we've been trying to go out for the half an hour exercise every day, we do little walks and little bike rides. There's no golf but I can't do that. And I think I've convinced myself in my mind that I can't do it, so I don't even push myself in my mind to want to go and do it.

RB: Ok

HWM06: The golf course is shut now anyway, 'cause they're closed [because of COVID-19 lockdown]

RB: Do you feel, is your family quite supportive of if you're trying to lose weight?

HWM06: Yeah, very much so.

RB: And do you eat together as a family.

HWM06: Yes. Well we've got my daughter is living back with us at the moment, um she moved back in when she came back from doing her master's in America, she's coming up for 29 and she's about to move out soon so.. I think she's just hanging fire to see about the lockdown process..

RB: Yeah, it's all a bit of a 'mare isn't it, not knowing?

HWM06: Yeah that's right.

RB: And when you've been to the GP or cardiologist, has anyone ever discussed your weight with you at all? Any medical professionals?

HWM06: Um, the cardiologist I saw last time I was up at the [hospital] just mentioned I could do with losing some weight.

RB: And how did they, how did they broach that with you?

HWM06: Um basically, that statement

RB: That statement "You could do with losing some weight". Fair enough [laughs]. Sure, so it was general sort of health advice, it wasn't specifically linked to your AF at all.

HWM06: I don't think so it was.. I'd been weighed and measured and he was going to go through the options of what we were going to do for the AF. And he just said the sentence "And of course you can always consider losing some weight as well".

RB: Yeah

HWM06: So. He's right.

RB: Did you feel better when you were slimmer?

HWM06: Yeah, I had more energy. The self-esteem's so much higher. You get so many compliments from people. And yeah you feel.. or I felt.. a lot.

RB: And do you think.. now you've got AF it's obviously limiting what you can do physically, do you think you could lose weight again or do you think it would be a real struggle?

HWM06: Um I think it would be a struggle because a lot of the times where I've lost weight I've also ramped up my physical activity. And incorporated that in with the dieting regime if you like. So the weight loss thing helps quite a lot by the physical side. So.. I suppose my head thinks that if I'm not able to do physical stuff the only way I'm going to lose weight is just by eating so much less. Um. And I suppose then I feel a bit deprived. Because I do do quite a bit of comfort eating, they call it. Um, it's the feel-good factor again I suppose. I enjoy some of these things, so..

RB: [laughs] You're allowed pleasure, that's alright.

HWM06: Oh thank you [laughs] Ticked the box.

RB: Um so, the reason I started doing this study was because quite a lots of papers were coming out, academic papers, linking being overweight with developing AF, and so they first started finding that there was a strong correlation between people being overweight and developing AF. Then they started to correlate being overweight over a period of time with AF.

HWM06: Yeah

RB: And then a few studies were done that seemed to demonstrate that if people lost weight – quite a lot of weight – then in about a third of cases they were able to improve their symptoms and sometimes reverse the progression of their disease, because you probably know that AF is considered a chronic illness because you start it and then very much as has happened to you you start off slowly and then it sort of gathers pace and then becomes persistent. And this has always been sort of considered to be a one-way ticket. But on these studies with the weight loss they found that some people were reverting persistent back to paroxysmal AF. Not everybody – about a third of people but at the time it was – AF ablation has improved a lot and at the time of the studies it was almost as effective as having an ablation. So what.. Can you give me your thoughts on that information? How does that strike you?

HWM06: Um my, my first thoughts on it were… it's quantifying how you feel when you've got AF. And I don't know if it's related to.. when I lost weight I felt so good in terms of self-esteem. That, would that have made my AF feel less debilitating? Or would it have no, um, impacted as much because I felt better about myself? That, not sure I actually explained that properly..

RB: Do you mean that your symptoms might not have bothered you as much because you were feeling good about yourself?

HWM06: Yeah. Um.. I'm trying to think how to say it… Sorry I'm struggling to think how to put it into words

RB: That's ok, take your time

HWM06: I think how I've felt when I've been, when I've got older and fatter is the self-esteem diminishes and so I think any sort of episode that you're having is a little bit doom.. is all doom and gloom. When you were younger and fitter and getting on with life and doing a lot more things… it's like a Catch-22 because you've got older and larger you tend to do less anyway because you physically feel you can't do it or you're not as fit as you used to be. But when I lost weight I felt so much younger, even though I wasn't, I felt much fitter because I was, um, perhaps I wasn't getting the illnesses or feeling depressed because I was feeling good. Um.. So the only thing I'm going to say to temper it is that as I mentioned earlier when I lost all that weight, that's when AF started

RB: Yeah, yeah. That's quite interesting as well, it was quite interesting when you said that earlier…

HWM06: Which would sort of suggest to me that it is not weight related, um.. if.. but.. there are.. are there so many factors aren't there, just the blood pressure and.. Does it kick off with a life-changing event or a shock or a cold or a virus or a.. don't know.

RB: No, it's a difficult one because thin people get AF too, it's not only fat people – let's be really clear about that. Um but they, there is a strong correlation – not if you look at one person, but if you

look at the whole population of people with AF there is a strong correlation with being overweight. But that doesn't mean that if you pick out an individual person like yourself that that's going to be the experience that they've had.

HWM06: Sure. Um.. I supposed it's a bit like COVID facts isn't it, that are coming out..

RB: Yeah absolutely

HWM06: You're a lot more likely to suffer if you're overweight and man then you're more likely to have suffering effects from COVID, but it won't apply to everyone will it

RB: No, No.. Do you apply those statistics to yourself? Do you listen to statistics, like thinking about COVID, do you hear a statistic like that and think, oh, better lose some weight, or would listen to that and think, oh, better not catch COVID?

HWM06: Um.. no, but I'll temper that answer with the fact that I think I already had it, but that's only my opinion, I haven't been tested or had antibodies tested or anything. But I was ill in February. And yeah, it did cross my mind looking back whether that kick started the position of AF that I'm in now, but that… I was ill in February, that really.. I was in bed for four days at home and then I was sort of away from work for a couple of weeks so I was quite unable to do anything

RB: Yeah, you were quite knocked off

HWM06: Yeah. Um.. completely lifeless and energy-less. Just almost a little bit out of step with the AF when it became persistent, so perhaps there was an overlap, don't know

RB: That's an interesting thought. I wanted to ask you as well, you said something really interesting earlier which was that you'd given up alcohol, and then when your AF came back you almost sounded like you felt quite cheated

HWM06: Yeah

RB: If, sort of going back to that first consultation with the cardiologist, if they had said to you "You might be able to reverse your symptoms if you lose some weight" would you have tried to lose weight at that point? And if it had or hadn't changed your symptoms how would that have made you feel?

HWM06: That's a good question. Um… I think 'cause.. I think Yes, if they'd have said that, then that's, then that's part of the treatment and it's going to make you feel better or less affected by it, then I probably would have started off down that road. Because if that would be the incentive, that I'd had before, and then when I lost all the weight before then the incentive the target was reached and there was suddenly like a oh what am I going to do now?

RB: Yeah, so then you'd be sort of re-incentivised

HWM06: Yeah so I suppose I like to have targets I suppose to move towards, a bit of incentive to do it. But it's, when I embarked on the weight loss it's because I wanted to do it. Because I'd tried lots of times before giving up and like my daughter went to Slimming World and she lost a lot of weight,

um, and then when she finished when she went off to America I thought I'll go and have a go at that now. But I didn't want to do it while she did it, at the same time

RB: Right. Why not?

HWM06: Um because I felt that I didn't want to go to the same group that she was going to it was like she was, it was her journey, she was doing really well. Um, and it was almost like it would be Competitive Dad

RB: [Laughing] Sure! You didn't want to steal her thunder then, it wasn't because you were embarrassed to go to the same group as her, it was to sort of let her do her thing.

HWM06: I think it was, I think it was. And I didn't really have the incentive to go and do it, I could see the results she was getting, and I knew that would do me the world of good. But, I had sort of like a little sort of switch, gets flicked in your head sometimes that makes you want to go and do something. So I suppose if the consultant had said, look, this is going to.. but I think, you can't just say that to someone, you've got to say this is what we need to do and this is how I'm gonna, how we're going to achieve it, and this is how you can like, I don't know whether it's just, right, open the drawer and give you ten weeks-worth of Slimming World, like the GPs used to. Um, is that incentive enough to go? Well it's certainly incentive enough to give it a try I suppose. Um, I think you've just got to ignite the fire in the person's head, the person that you're trying to help, and then let them do the work, but sensitise it

RB: So thinking back, it sounds like that's something that you, you would, if you'd been offered help to lose weight at that point you'd have been quite receptive to

HWM06: I think so because I think I needed just a different method of doing it, or just a different viewpoint, of how to get there.

RB: Yeah, yeah. Would you now if somebody – unfortunately I can't do this – but if somebody were to turn round to you now and say here's, yeah, almost like a prescription for Slimming World, is it something you'd still consider?

HWM06: Um, I suppose very much the same way that I've religiously taken the pills I've been prescribed everyday. I realise that they're for my benefit, so I take them.

RB: If you did then, say you did go to Slimming World and you did lose weight and then you did, you didn't change your AF at all, would that affect you do you think psychologically or do you think you'd think, oh well I've still got AF but at least I can fit into smaller jeans?

HWM06: Yeah, both of those. I think you'd be well miffed that you still had AF, because you've been sold the idea it's going to help, which is how I felt after I had the episodes after I'd given up the chocolate and the drinking. Um.. but yes again you would feel much better with yourself because you jeans are smaller and people started giving you compliments, and helped your self-esteem I suppose.

RB: It's tricky. I think that cardiologists a lot of the time are between rock and a hard place because we know that these things help some people, but not all people. So if you don't tell.. you're damned if you do, you're damned if you don't really, because if you tell people oh these things might help

you and they do, that's great, but if it doesn't it's sort of like, oh why did they tell me to give up all the things I like when actually I could have been having fun and still had AF anyway.

HWM06: It's a lot like being a teacher at school, the good teachers are the ones that sparked your interest because they recognised that you had an interest in that, and they would give you time and develop you and help you. Whereas the ones that couldn't care less because you didn't understand the subject would just cast you off and sit you at the back so that you weren't any trouble to them. Um.. ..[inaudible] to work better for different people, don't they?

RB: Yeah, what, thinking about you talking to your cardiologist, what do you think works for you? What do you want from your cardiologist in terms of information about AF and so on

HWM06: Um.. an understanding of what it was, why it was happening, and lay ahead. And if we do this we can achieve, hopefully achieve this. So if we do A we can get to B, um, if we don't do anything we're probably going to end up here. Um.. There's two or three other ways that we can alleviate or help, or consider changing that may help. But there's no guarantees that they will. I think it's the same in all things, there's no guarantees they're going to help are they? Unless.. I mean I was desperate to have a cardioversion done, because it was treatment of the problem as I saw it. Um.. because I didn't want to be like I was before with the AF, I wanted it fixed so I could go back to doing all the things I could do. Um.. I understood that it might work, it might not work, I might have to have it done again, or a different procedure afterwards, um, I understood that and that was explained to me so I understood the sort of journey I'd have to go on, um.. but it's, it's getting to that um, end goal I suppose. And how it's achieved and over what time scale as well. I was, I think I was quite fortunate because in between going to the GP and the cardiol.. and getting referred in, the cardioversion came up pretty quickly, the date for it, so it was like a couple of months from getting referred to actually getting a date, so that was the light at the end of the tunnel, and when I came out of the tunnel after having it was brilliant, then the light got turned off [laughs sadly] after a week. And then like, and now I'm just.. not a hundred percent disappointed because I understood that could happen, but just slightly disappointed that I've gone back to square one. But I'm excited that I can have it done again, if possible, and hopefully get back to that good feeling again. Um, I think, feeling good has got so much to do with everything. Feeling that you can do things and live your life, then you do more. Otherwise the spark to lose weight may come back with that, the feeling fitter, the doing more exercise, I think just goes hand in hand with the lifestyle, slightly different, slightly changes. Um, and also being more physical you're not sitting round home all the time, you're out doing things, but the current situation with the lockdown and stuff is sort of, it's going to have a factor, a factor in the studies that you're doing, it's going to have a bearing isn't it? For your reports

RB: Yeah absolutely. Oh for sure it's got a bearing on everything at the moment hasn't it, I mean there's no area of life that isn't touched by it so certainly when I write up it's gonna be this study was conducted during the COVID-19 lockdowns and peoples responses will have been different as a result of that definitely.

HWM06: Yes.

RB: Just sort of wrapping up, is there anything that you would say to us as healthcare professionals about advised people on weight management?

HWM06: Um.. [pause] probably not just to have the throwaway sentence “You could do with losing some weight”. ‘Cause you then would sort of leave people to fend for themselves. Like I shouldn’t drive my car at 80 miles an hour as well. Um. I know what’s right and what’s wrong, but how can you help me to get to.. how can you help me make me think it’s my idea and it’s a good thing that I’m gonna go and do it

RB: Yeah, ok that’s very interesting. And obviously in your case Slimming World worked for you, are there other things that you would try to lose weight that you would want to be offered by a cardiologist? Or any doctor?

HWM06: Yeah possibly, I think you have to say yes to that question, because anything that would help can be of help, can’t it? That doesn’t sound right does it?

RB: For example would you consider, if they said to you something quite extreme like a gastric banding operation, is that something you’d consider or something you’d draw a line at?

HWM06: [pause] I would have to find out why, to what benefit it was gonna give. Would that get rid of my AF? Going through that would that get rid of AF? Don’t know. Don’t think so. I don’t feel it would. Would it make me think again? Yes it would. Um, would it make me feel better? Yes, feeling, well being thin makes, *made* me feel better, um. What are the risks involved in doing it? Is it a permanent arrangement or is it revers.. can it be reversed? Or.. What other effects may it have on me? And also something as maybe ridiculous as what’s my life expectancy? You know, coming up, I’m 60 next year, so what benefit is it going to be if I’m due to shuffle off when I’m 62 or something..?

RB: I’m not for a second suggesting you should have a gastric banding operation by the way I’m just playing devil’s advocate here

HWM06: But, just to quantify that, that if you’d have said to me, right you’re getting a bit porky and you’re going to lose your career in the fire service and a way of doing, to get round that is to have a gastric band because you’ll lose, automatically lose weight, then if I’d have thought well ok I’m going to lose my career therefore it’s worth the risk of doing this, so I can carry on with something . So there’s a financial side I suppose, a security side, that I’d keep my job, I’d keep my income, they are incentives to make you consider having something done I suppose.

RB: How do you weigh up against that potential quality of life losses? So you’d have – in this hypothetical situation you’d have improved quality of life because you’d keep your career and you’d feel good because you’d be slimmer, but on the other side if you have a gastric band you really can’t eat very much at all, it’s like one or two mouthfuls – you wouldn’t be able to drink a pint of beer, you wouldn’t be able to have a plate of chips, it would be you know one or two mouthfuls of food and obviously that changes how people eat with their families, how they go out for a meal with friends, would that come into it for you at all?

HWM06: Yeah it would. Um. It’s yeah, that that’s.. I hadn’t realised that about it, how little you could eat. I suppose I don’t know enough about it

RB: No and if it were a real life situation obviously you’d take.. you know you’d learn a lot more about it before you made a decision like that.

HWM06: Sure. Um. I think you've just, you have just to weigh up the cost/benefit if you like and make a decision. Um but if you're to, as you say, if you're used to going out, I mean let's throw it back to the experience of golf that I, I choose that as a pastime because I got older and I stopped playing cricket and I stopped playing rugby because the body was aching a bit too much. So I sort of drifted into playing golf because it was an old man's sport and I was becoming an old man. But I enjoyed doing it. But as I got older and less competitive I suppose I just.. gone from wanting win everything to wanting to be outdoors and being in the company of other people that I enjoy being in their company. The social side of that chosen activity is a lot more important. So the sitting down with a pint of beer and a bowl of chips afterwards and having a good old chinwag, um, actually is an important part of the experience. I went, I went through experiences of having limited diet when I was losing the weight before so we'd go to a golf day or something and there'd be a sit-down meal afterwards and I'd have a, certainly give away a pudding to the person that deserved it most on the table, "Does anybody want this Yorkshire pudding?" Or I'll have your bit of beef if you don't want that, does anyone want these roast potatoes? Just, yeah, just being careful with what you eat I suppose, the Slimming World allowed you to have little sins as long as you recorded what they were and didn't go over the, overboard, you could mange that sort of thing

RB: It sounds like you managed to make it quite a sociable thing being on a diet as well, you know, sharing your food around the table

HWM06: Oh everyone wanted to sit next to me! [both laugh] They certainly did become aware that they'd, if they were within arm's reach they'd get that

RB: I've got two dogs, I know exactly how you must have felt every time you sit down to eat something!

HWM06: [laughing] I've forgotten what we were talking about now.

RB: Just sort of incentives really to lose weight

HWM06: Yeah, I've.. So if the cardiologist had turned around and said right we need to do this, this is going to fix you um, ok this is the course of action.. I think you just tend to go along with their perceived expertise – this is what we need to do, this is how we're gonna do it, this is the effect it's going to have, yeah, ok, let's do that then. This is how we could do it, we could do A.B,C or D, it's really up to you what you want to do, and other than say you've got A,B,C or D to choose from, then it's all down to you now, go choose one, off you go, bye!

RB: That's all my questions, thank you so much for answering so fully, it's been really really interesting talking to you

HWM06: I think I rambled quite a lot there didn't I?

RB: No, I.. I think it's thought processes d'you know? This is one of the reasons I don't send my transcripts to people you know, because when you read them back a lot of.. everyone rambles, everyone, especially me. But through rambling, you're thinking out loud, and that's what this interview process is about, it's about getting people's thoughts you know?

HWM06: Yeah

RB: So yeah don't worry at all about rambling, it's part of it, it's an important part of it actually. Um, is there anything else that you'd like to add at all?

HWM06: Um, not that, I, that I've actually really enjoyed talking to you, chatting, um and I wish you all the best with your report and your masters that you're going to get

RB: Oh thank you so much it's really nice of you to say that. And I wish you all the best, obviously you've got your ECG this week haven't you, and then hopefully some more treatment for your AF and hopefully a more lasting result

HWM06: Yeah and then get back out doing things, and then I'll report in in a year's time and send a before and after picture!

RB: Excellent, I look forward to those! You've got my email address so if you need to get in touch. I work in the [hospital] so our paths may cross at some point, I sometimes work down in the cath labs, if you're having treatment down there it's possible we may meet.

HWM06: Ok

RB: So I'll come and say hello if that's the case

HWM06: Yeah you'll recognise me, I'm the big one!

RB: Oh they're all big in the heart centre, it's alright you'll be in good company

[discussion re surnames removed as not relevant to research question and could identify participant]

[END]