HWM 04 Interview 02-Nov-2020 transcript

RB: Brilliant, ok. So I'm going to have a look at the questionnaires with you first if that's ok

HWM04: Ok

RB: And one of the questionnaires is called the University of Toronto Atrial Fibrillation Severity Score

HWM04: Er, this is… er… is it.. "What it's about", is that it?

RB: Er… You should have two questionnaire that I sent you, and one of them at the top says University of Toronto Atrial Fibrillation Severity Scale

HWM04: I haven't printed that off

RB: Ok no problem, have you got it on the computer?

HWM04: I have yeah, so when, can you just tell me when it was that you sent it?

RB: Yeah, it was… er… the 16th of October

HWM04: Yeah, got that

RB: You got that, yeah?

HWM04: Yeah

RB: Brilliant. Ok.

HWM04: Just opening up

RB: Yep.

HWM04: Health Improvement through Weight Management, that's the one I printed off.

RB: Yeah that's the information leaflet that I sent you

HWM04: Attachment

RB: And then there should be two questionnaires as well?

HWM04: Ahh yes it says on here "Show all four attachments". Yes so er, I got the, er the Word document, that's the consent form, it's not that one, then I've got the PDF document… AFSS English Version…?

RB: That's the one

HWM04: Yeah. Ok.

RB: So looking at that, um, so the first question is your gender which I'm assuming is male, is that right?

HWM04: Yeah

RB: Can't really assume these days, I know

HWM04: No I guess not

RB: Er and then, the next question is date of birth – I don't need to record your whole date of birth but would you mind if I put the year of your birth down?

HWM04: Yes, course you can, yes, 1958

RB: 1958. Fine. Then question 3 is "Are you in atrial fibrillation currently?"

HWM04: Yeah, I am

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

HWM04: I'm in it constantly, um, but I don't notice it unless I try and feel my pulse.

RB: Ok

HWM04: So I can't feel a flutter or anything in my heart, or in my chest. But if I try and take my pulse I can feel it's irregular.

RB: Ok. So you wouldn't say it normally causes you any symptoms of breathlessness or anything like that?

HWM04: Well, no not breathlessness particularly apart from I do notice that I can't do as much as I used to, so walking, um, something like that – a very brisk walk will get me out of breath a lot quicker than it used to

RB: Ok

HWM04: Yeah and it does.. and I do get tired

RB: Mmhm

HWM04: I think I get tired quicker than I ever used to

RB: Right. Ok. So moving on to question 4, "How do you feel about your life at the present time?"

HWM04: Between 1 and 10? Certainly not the worst possible life, I guess I'm a bit concerned about it… It's probably a six I would think

RB: About a six. Sure. So thinking about that 6, what's contributing towards you saying that you're feeling a six at the moment, what are the different things that contribute to that six?

HWM04 I guess, concern over, um, the AF and knowledge of what can happen, um, if nothing.. if it's not treated, so that's concerning. Um, to an extent the breathlessness although it's not that bad where I can't walk up the stairs, or go for a long walk. I can do.. For me a long walk is probably 4 miles, that's probably quite a long walk. Whereas before I used to be able to do a lot more than that before stopping, and getting tired.

RB: And how quickly has that changed, ‘cause I had a look at your records and I saw I think you started with atrial fibrillation about 2011?

HWM04: Yes, think it was 2011. I can tell you..it was.. The first time I had it we’d been away on a skiing trip

RB: Yeah

HWM04: And that’s why I wondered if coming down the mountain and the change in pressure had led to this happening, um, and so I saw I phoned the doctor and I spoke to the doctor about it er and I went in but by the time I went in to see the doctor it had gone back into a normal rhythm um. And we did this a couple of times where it started and then by the time I got down there to get onto an ECG er it had stopped again. But eventually we did

RB: Right

HWM04: And he managed to get it done so… I’m just gonna, I’ve got that written down the date, so I’m just gonna open that up and I can give you when that all started, um…. I think it might have been 2011 sounds about right

RB: So you were obviously pretty fit then if you were skiing

HWM04: Oh yes I’ve skied up up until, well I would have gone skiing last year, um, but I had an injury the year before um and I er had an er pain in my shoulder because somebody took me out on the slope, a snowboarder took me out and it, then it’s quite bad. But I’ve been having physiotherapy for that and it’s, it’s ok, I would have been going this year had we been able to [because of COVID restrictions]

RB: Yeah

HWM04: So yeah, 2011, the heart flutters, yeah in August 2011

RB: Right

HWM04: Sorry no March 2011

RB: March 2011, yeah. And how quickly did you notice that, um, your exercise capacity was reducing?

HWM04: Difficult to say, because I have always been quite active although I’m large and overweight. Um, I used to play badminton er at a club level twice a week. Er, then it went down to once a week eventually and er, a combination of the breathlessness and getting really tired after it and um the pain in my knee, so I’ve got a pain in my left knee and that used to hurt. So a combination of that led to me stopping two years ago. So I haven’t been able to play for two years now and I used to be – since I was 18 I’ve played so I’ve played for a long time. And I really enjoyed it.

RB: Yeah, yeah. Oh that’s a shame. And you struggle to do that because of the breathlessness and then the pain in your knee as well?

HWM04: The combination of that, yeah

RB: Yeah. Can I just ask as well, I noticed from one of Dr [cardiologist name]'s letter he changed your medication, he took you off beta-blocker and put you on another drug called diltiazem. Did you notice any change in your ability then? In your tiredness?

HWM04: Um well I went onto bisoprolol, bi-sop-ro-lol in 2011

RB: Yeah

HWM04: And then, then it was changed, let's see.. so then it was changed in 2017, November 2017..

RB: Mmhm

HWM04: …simvastatin, oh no sorry that was still the same tablet.. er that's right, so 2019, June 2019, er I was also given fluoxetine…

RB: Right

HWM04: …20mg yep, um. Now, what some of these do – I'm getting a bit confused as to what they all do

RB: [laughs]

HWM04: Um but the fluoxetine I think what that was for… I think that was just to change, although I still kept taking the bisoprolol.

RB: So, I read.. Dr [cardiologist name]'s sent a letter before you had a cardioversion in August

HWM04: Yeah he changed that I came off the fluoxetine… No, I'm still on that. Sorry, the fluoxetine is, that's the one that I.. Dr [GP name] put me on that, because I wondered if it was sort of depression or stress or anything that was causing me to feel like this and and, that's why he put me onto fluoxetine

RB: Right

HWM04: So just a very mild version, yeah and that did, it certainly stopped me feeling stressed.

RB: Mmhm

HWM04: Basically at the time it was quite a stressful time at work and.. so I think that was maybe why he put me on those. I've never felt that I was depressed at all, I've always had quite an out, quite a happy, sort of outgoing demeanour, but talking to him he thought it would be good to go onto that so that's when I went onto fluoxetine, but then in July I think it was this year I also then started taking Tildiem..

RB: Yes

HWM04: ..and apixaban too

RB: Yes. And when you started taking Tildiem you would have stopped bisoprolol

HWM04: I did yes

RB: Yeah. And did you notice any difference in your energy levels then?

HWM04: No. Not really, no

RB: No. It was the same. Ok, that's interesting. So going back to the questionnaire – sorry I've gone off on a bit of a, a tangent there but it's really interesting. Oh sorry you mentioned that you're quite large, do you mind asking.. can I ask how much you weigh?

HWM04: No that's fine. I do, I check my weight quite often because I do try and stop it getting out of control. I'm normally 16 stone although I have been up to 17 stone and that was 10 years, 11 years ago, and my wife and I then both went onto slimming world and we lost.. well I lost 3 and a half stone

RB: Oh that's very good!

HWM04: So I was down to, what, 13 and a half? Now that was like 11 years ago. Now over the years I have slowly put that back on again some of it but I am quite conscious of not.. or of trying to keep it down below sort of 16 stone and not getting up there so I'm.. So we started again a couple of weeks ago, at the hospital they gave me a.. they asked for another if I'd do another research study of two different diets. One was like the Cambridge diet and the other which is a healthy eating diet from the British Heart Foundation so I was selected to do the British Heart Foundation one

RB: Right

HWM04: So we've been doing that for a couple of weeks now and it's ok but I've only lost – for me – hardly anything like a pound or two and it's.. when I was on Slimming World I used to, well I lost that 3-and-a-half stone in three months so it used to come off really quite quickly

RB: Yeah

HWM04: Um so I try and eat healthily – we *do* eat healthily – we have sort of fruit and and veg more, far more than five portions a day, so I believe we eat healthily. I try and exercise, um, so at the moment I'm on this healthy diet that the British Heart Foundation recommend, and my wife's good at – she's very good at measuring out portion sizes and this sort of thing…

RB: What do you think's stopping the weight come off as quickly as it did with slimming world?

HWM04: Um, different diets I guess. Over the years… we've tried other… we've tried Atkins diet, because I've always been large. We did try Atkins diet before, um, and that worked but had awful side effects so and we, we tried just different diets, fad diets over the years. Albeit I think we do eat quite healthily but I tend to always blow it at the weekends.. if we go out for a meal or we have a takeaway or something like that, or go to the pub and have a few drinks um, I don't drink during the week at all and I don't find that difficult at all but I do like a drink so we tend to leave it til a Friday and a Saturday and go and have *a few* but not excessive amounts I don't believe

RB: Sure. You say you're quite conscious of managing your weight – what, what is it that inspires you to try to control your weight?

HWM04: Er health I think more than anything because I just know it's not good for me

RB: Sure

HWM04: I do try and control it

RB: Yeah, yeah, And that's mainly through diet or mainly though exercise or a combination?

HWM04: Um, since I've stopped playing badminton I'm aware that I'm not getting anywhere near the amount of exercise that I should be. My job here includes lot of driving, so I'm sat in a car for a long time

RB: Yeah

HWM04: And like, if not I'm working from home so I'm sat at a desk. So I realise that I don't get a lot. So I try and get out and, er, do a walk, even if it's just up to the Post Office and back that sort of thing, um. But always at the weekend we'll go out and get some exercise whether it's a decent walk. But yeah, I miss the badminton, really (laughs)

RB: Yeah, yeah, it's tricky, especially if your knee's starting to hurt, it's a really difficult one isn't it.

HWM04: Yeah so I play, I do play occasionally with family members and friends but it's not as exerting as playing at a club level and playing competitive matches which I used to do

RB: Yeah, yeah, sure

HWM04: And that used to, I noticed that it always used to be in the morning I'd feel a bit tired but then if I'd go and play a match, apart from my knee hurting probably for a week um, I'd also be quite tired for the whole of the next day whereas it used to just be in the morning

RB: Sure

HWM04: And I'd get to the point of not feeling back to normal until that evening, the following evening

RB: Yeah, right, ok. I'm going to to go on to question 5 now which is "On average, does your irregular heart rhythm – how often does your irregular heart rhythm occur?". You've already said that's continuously?

HWM04: Yeah, it is

RB: Sure. So that's question 6 is obviously going to be continuously as well for "How long do they last?"

HWM04: It's continuous, yes

RB: Yep, ok. Now question 7 is "How severe was your most recent episode?", so obviously you can't really talk about about episodes if you're in it continuously but it doesn't sound like it's putting you in hospital or anything like that. How severe would you say you feel your AF is?

HWM04: As you you it doesn't.. it's ongoing all the time and it doesn't take me down to the doctor's because of *it* but maybe because of the consequences of it – the tiredness, the lethargy – then

that's why I go back to the doctor's, not because of having AF although it is a result of having AF, I understand.

RB: Yeah

HWM04: So, so, it's hard to say how severe it is, I don't know, maybe the doctor'll tell you. It, it's constant. It does seem to have changed since since I went.. a little bit, not a lot, but the actual rhythm seems to have changed since I've been on these latest tablets, it's more regular than it used to be, it was just all over the place before

RB: Right

HWM04: Now it's more of a normal rhythm but with the occasional blip in it

RB: You had a, you've had two cardioversions as well haven't you, did you go back into sinus rhythm after those?

HWM04: I did, yeah, the first time it took them two attempts and I went back into sinus rhythm. It was done on the Monday and I went back into it on the Tue.. no Wednesday, so it lasted two days the first time

RB: Oh..

HWM04: Er so then er I went and had another one and it lasted until the Thursday, so it lasted a day longer and it took them three attempts to do that – to get it back into sinus rhythm

RB: Yeah, yeah. So then question 8 is "How severe was your first episode of irregular heart rhythm?" – so that was when you were skiing…

HWM04: On returning from skiing, yes. It was, well I always say it was concerning but not that concerning that I didn't go to bed, and then I went to bed and woke up the next morning and it had gone. So, I did phone 111 and they advised that probably I should go down to the A&E. But because of circumstances – er, we'd got nobody to look after the children – I didn't, and I went to bed and when I woke up the next morning quite relieved and I know that probably wasn't quite the right thing to do but that's what we did and um, it had gone in the morning. And it happened again, I, um, hadn't been down to A&E with it but I had been back to the doctor

RB: Right

HWM04: And told, told him about it. So the first episode of this if you're looking for 1 to 10 because I didn't know what it was I guess it was probably an eight? Or a nine? It was quite severe, it was going *really* fast, it was going j-j-j-j-j-j-j, it was too fast to count

RB: Sure, and you were obviously you could feel it, you were aware of it

HWM04: Yes, yeah. It wasn't giving me pain, it was… I was aware of it and I said to my wife "Could you just check my pulse?" er, which she did and I said "Could you make a note of how fast it's going" and she said "It's too fast to count". [both laugh]

RB: And then comparing that, so you'd call it an 8 or 9 the first time because of the speed of it and obviously feeling it coming on – if you had to give yourself a numerical value to your current irregular heart rhythm how much.. what would you give yourself?

HWM04: Um. In terms of it causing me pain though, or concern?

RB: Yeah, in terms of it bothering you

HWM04: Um, I guess you live with it don't you? So, it doesn't bother me, apart from the fact I know it's not normal and it needs to be sorted out, so maybe 6 or a 7 maybe?

RB: Ok. Yeah. So then going on to part B of the questionnaire, er, "Have you ever been cardioverted" – you've had two cardioversions I think, yeah?

HWM04: Yeah, two.

RB: And you've never had to go into the Emergency Department because of it – or you were advised to by 111 but you decided not to

HWM04: That was the first attempt, yeah and then, um I've been back to A&E a few weeks ago, now let me.. my memory is not as good as it should be [pause] is it ok if I ask my wife the reason why we went back, what actually started it or would you prefer that I didn't do that?

RB: No you can absolutely do that, I mean it's not, it's not particularly necessary for the study it's just interesting

HWM04: Ok. One second.

RB: Ok

HWM04: Hi Rachel yes, she's reminded me what it was. I had a bit of tightness across my chest..

RB: Ok

HWM04: ..when I woke up that morning, but I'd also got a strange thing in my middle finger of my right hand where it was tingling. So I phoned the GP and he called me back and said he didn't like the sound of it, "I think you ought to go down to A&E". So I went down to A&E…

RB: Yeah

HWM04: …and they did another ECG on me, checked me over and I was fine

RB: Right

HWM04: I still had the AF, 'cause [inaudible] but they confirmed I wasn't having a heart attack

RB: Sure. Did they do a blood test?

HWM04: Yes they did

RB: Great. And so that's the only time you've had to go to A&E because of your atrial fibrillation. Or in this case because you had this tightness…

HWM04: It was because of the tightness in my chest, not because of the AF.

RB: Yeah

HWM04: Because I've always got that. Yeah, it was because of the tightness.

RB: Uhuh. Sure. Ok. And how many times have you seen your cardiologist in the last year because of your AF?

HWM04: Cardiologist? Is that Dr [cardiologist name], would that be?

RB: Yeah

HWM04: Er, probably only the once

RB: Just the once. Fine. And then obviously you've been in for the two cardioversions.

HWM04: Yes. So I saw him in July and yeah but not at all before then in the last 12 months

RB: Then looking at C and how often you've been bothered by the different symptoms, the first one is palpitations. Do you have palpitations?

HWM04: Not now no. I think the irregularity and the speed of them initially were palpitations I guess but no, I don't get much fluttering or anything like that.

RB: Right. Um and then shortness of breath at rest.

HWM04: Not at rest, no

RB: And shortness of breath during physical activity

HWM04: Yeah, I do.

RB: Yeah, and that's obviously as you've discussed what's slowing you down with the badminton, and…

HWM04: Yeah

RB: Yeah, ok. And how often would you say you've been bothered by that?

HWM04: Um, whenever I have exercise, which can be.. probably 4 times a week, something like that?

RB: Right. So quite a lot really.

HWM04: Yeah, I guess so

RB: And then question 4 is exercise intolerance, so the same sort of thing?

HWM04: It is really yeah, I guess you do what you can do and don't push it too far, so if I do feel tired I stop and have a rest.

RB: Yeah. Then question 5 is fatigue at rest. Do you feel tired when you're not exercising?

HWM04: Um probably no more than getting old [both laugh] I don't think that, no, now I'm sat here talking to you, no, I don't feel that I'm.. fatigued

RB: Yeah ok. But you say, you mentioned previously that it's taking you longer to recover after doing exercise than it used to

HWM04: Yes, definitely yes.

RB: Do you ever have any lightheadedness or dizziness?

HWM04: Um, very rarely, I now I've recently noticed that if I'm bending down in the shops, looking at something on the bottom shelf, if I stand up quickly I get that. I never used to get that. And I did it at the weekend – I was looking at something on a low shelf and as I stood up I said to my wife "I feel a bit lightheaded", but it passes within five seconds I guess.

RB: Right. And then chest pain or pressure – you were obviously admitted to A&E with that previously but you, you haven't had any more problems with that in the past four weeks?

HWM04: No that's the only thing I've had in the last four weeks.

RB: Ok lovely, thank you for that. And then briefly looking at the other questionnaire which is the EQ-5D-5L

HWM04: Sorry let me just get that

RB: Of course

HWM04: Which one was that sorry, a Word document?

RB: Yes it's a Word document it's EQ-5D-5L or Effective UK it says…

HWM04: Effective UK. Ok yeah, got that open

RB: So that's… these are just five questions so the first is mobility so it asks you to say whether you have any problems walking about or not

HWM04: So no, I have no problems in walking about.. I have sligh… I see – No, I have no problems in walking about for the first one

RB: Lovely. Then self care?

HWM04: No problems washing or dressing myself

RB: Then usual activities

HWM04: Um slight problems.. moderate..severe.. I'll say slight problems – I'll still do it, so things like skiing I will be going this year if we're allowed to [because of COVID], so it's only a slight problem that I get

RB: Sure – you still do it but you feel slightly limited in doing it perhaps

HWM04: Yeah, yeah. I won't sort of go out skiing all day, I'll maybe do a half day and then do a half day the next day. It restricts me but it doesn't stop me from doing it.

RB: Sure. Er then pain and discomfort.

HWM04: Um, no I can't say I have pain… or discomfort from it. No I have no pain or discomfort

RB: Do you have pain or discomfort from other things like your knee for example?

HWM04: I do from my knee, but that's not related at all to my AF

RB: No not related to your AF but does that stop you or slow you down at all?

HWM04: Stops me from playing badminton and slows me down on skiing but, no, I don't, no I don't suppose I'd view it as that. Again I suppose you just live within what you can do so I'll go out and do skiing for half a day but I won't do the whole day.

RB: Yeah

HWM04: 'Cause I know it's gonna hurt

RB: Yeah, mmhm. And then anxiety and depression

HWM04: Er I'm not anxious or depressed. I guess the mere fact that he's put me on that fluoxetine is that I am must be moderate or slightly.. I don't *feel* I'm depressed

RB: I think this is about how you feel more than any official diagnosis you've been given

HWM04: Yeah, I never feel I'm depressed I always feel I'm quite a happy person, although other people might not agree, I don't have a down or dark side, dark view of life. But no I don't think I am anxious or depressed, really

RB: That's fine – say not then. And then, on the final page there's a sort of thermometer of your health today. If zero was the worst health you can imagine and 100 is the best health you can imagine – taking everything about your health into consideration, what score would you give yourself today?

HWM04: [pause] um… er difficult probably… because I know what I've got, and I know that it's.. it can be life-threatening, probably um 60

RB: Sixty. Ok

HWM04: Sorry going back to the previous question – "I'm not anxious or depressed" – I guess I am perhaps slightly anxious about the condition , and the long term effects of it, so I'm anxious but not depressed

RB: Right ok. Thinking about those about the long terms effects what is it in particular that, or is there anything that particularly bothers you or concerns you?

HWM04: Yeah I guess, stroke, heart attack

RB: Stroke, yeah. And are those things that you've talked about with your cardiologist?

HWM04: Yeah, yeah.

RB: And what sort of, when you were talking to the cardiologist what sort of advice did they give you about managing your AF?

HWM04: I guess with the medication they put me on, and the way that they can treat it and that's why we're going down the route that we're going down.. So the first cardioversion was done just with my medication that I'm on, then they changed the medication and I was on that for a month and again it didn't work when I had the cardioversion, so… talking to them this time they think maybe I wasn't on the second lot of medication for long enough..

RB: Right

HWM04: ..er, so they'd like to give it one more go and just see if on this, er can't remember the name of that medication that er, puts me into the rhythm – is that amiodarone?

RB: Yeah, that's right

HWM04: Yeah, so that's the amiodarone, er they'd like to see me on that for a bit longer um, just to see how it, how that goes and they've said that the options after that could possibly be an ablation um… which I don't particularly want to have but if I need to and it's going to make a big improvement to my quality of life then… yeah I will do, and extend my life

RB: Yeah, ok. Have cardiologists ever talked to you about your weight at all?

HWM04: Not massively, no, he has spoken about it, and I guess it's… has always said that you'd be better off if you weren't as heavy – I know that, yeah. But he's not gone "Oh you've really got to do this or you're going to die".

RB: Would that make a difference if he did, just out of interest?

HWM04: Um, I guess it probably would yes, it's a combination of things isn't it really. I guess if he were to say, "If you don't do this, if you don't lose X pounds in the next two months, you're going to be dead", um, yeah of course I would.

RB: Sure having that sort of sword of Damocles hanging over your head, but it probably wouldn't be true to say that [laughs] if you don't lose this amount of weight you're going to be dead. But do you…

HWM04: [inaudible – both laugh]

RB: I'm quite interested in how clinicians talk to people about their weight and what level of seriousness people want it to receive when they talk to their doctors – do you have any views on how doctors should… or on how doctors or nurses should talk to you about your weight?

HWM04: I'm, I'm not offended if they say to me.. Some people may just be offended and go "Well I don't think I'm over weight". I know I'm overweight, and I… whilst I do try and do a healthy lifestyle which has proved I know to work, losing that three and a half stone that I did lose, I guess if I thought that was going to save my life then I would do it rigorously, but it's not… I don't feel that that is the only cause of it…?

RB: Yeah

HWM04: …No I don't think that's the only cause of it so it.. maybe I'm just ignoring that side of it which is… don't know, is that what people do? Um… I'm aware of it and I try and do it but it's not maybe top of my list…?

RB: Sure. So would you, do you, have you got other priorities that come higher?

HWM04: Not really, not, not higher than saving your life but then you're going to say well how important does it have to be? I get that but I guess just continuing on with life day to day and I don't know, things just happen I guess and I carry on and keep trying to do it and then letting myself go at the weekends and going yeah I want a pint of beer. I guess you try and weigh it up and go, well, what's quality of life? I could be really thin and healthy and still die of a heart attack, so... I guess it's weighing up the risk isn't it?

RB: So you think you're weighing up the risk against enjoying yourself basically?

HWM04: I suppose so yeah. Um I enjoy to go out with friends and I enjoy going out for meals. So while we're at home its really not a problem, we do eat healthily at home but if we go out we'll go for an Italian meal or an Indian meal and it's not good, it's full of the wrong sorts of fats [laughs] And I'm not one of those that'll go out and go "I'll just have a salad"

RB: [laughs]

HWM04: I might go and have a lasagne or something so it's… and a couple of pints to go with it

RB: Yeah, yeah. Ok. So if you were…

HWM04: I guess in – sorry

RB: No, no, go for it

HWM04: Just in the knowledge well it's ok I can get a bit more off next week. And at Slimming World it did work that way and I still used to go out at the weekends but the weight used to fall off a lot quicker through the week than this healthy eating way it's coming off, it's coming off very slowly

RB: Yeah. Were you doing exercise when you were going to Slimming World as well?

HWM04: Yes I was, I was doing more exercise. It was eleven years ago and as I say I was playing badminton, we were skiing then, yeah we would.. I would do more exercise – probably not as much walking as I'm doing now, but I was doing twice a week badminton, once a only once a year skiing, so I was doing more exercise

RB: Right, um… So thinking about conversations you've had with your doctors, have they ever offered… you've obviously been offered help through this other research study that you're doing..

HWM04: Yeah

RB: Has anyone ever offered you a weight loss programme or anything like that?

HWM04: No, I don't think so. My GP was very supportive of doing the Slimming World… In fact he still now, I don't think he sees that I've put that much back on. When I tell him that I am he goes "Oh you're doing really well, fantastic work to lose all that weight", and "Yeah it really does work Slimming World doesn't it?" And well it did for me yes, it doesn't work for everybody I guess. But they've never said ok well how about trying this diet or how about trying that diet, but I guess that I'm old enough to to know that I ought to go looking at other diets [both laugh] – you don't have to be told, do you?

RB: So do you feel there's any other help in addition to what you've already got that you would want from a GP or cardiologist in terms of weight management or do you feel that you should be able to manage it yourself?

HWM04: I should be able to do it myself. Yeah. I should be able to.

RB: And if anything were to be offered would you want that or would you just say, actually not…

HWM04: Er, yeah, I'll consider it. I mean it's only on a recommendation that I did Slimming World – somebody else of a similar build to me and we went on at the same time and we were sort of competing as to who could lose the weight the quickest. We both lost a lot of weight

RB: Brilliant

HWM04: …and we both.. he's put on a lot more than I have, he's gone the other end – he lost more but then he put more back on again. [Pause] but if other things were offered then yeah I would look at them and I would give them a go, I'm happy to try

RB: Sure so you would be open to things but but there's nothing you say that, I wish they would do this

HWM04: No. No.

RB: Ok. And do you feel like in terms of exercise and diet you have all the opportunities that you need or do you feel like you need anything else?

HWM04: Um, I guess in the form of exercise it would be nice if we had a gym or a swimming pool somewhere that… yes there's the council one but if there was a health club – my sister's a member of a health club in [town] where she lives and she goes swimming 3 or 4 times a week and I think I would do that if it was closer, if there was a nice members' club so I would do something like that. I tell myself that when I retire I will play golf a couple of times a week, I enjoy playing golf but again not that often now because of work, um but I think when I retire and I've got more time on my hands then I would do

RB: Yeah, ok. One of my other participants in this study said that she would like the gym on prescription – is that something that you would be interested in?

HWM04: It's… I don't need the money particularly – but there's not one about here that's convenient, I think the nearest one for me is probably 15 miles away

RB: Sure. I think she meant… it was less about the money but being told “You must go – twice a week”

HWM04: Um…

RB: From a sort of medical authority…

HWM04: If I was told you’ve gotta do it otherwise you’re gonna die, then like I said earlier I probably would…

RB: Yeah

HWM04: …drive down 15 miles twice a week. But if it was here on the doorstep I would probably do it, 3 or 4 time a week

RB: So it’s more about the opportunity and the distance than about the motivation?

HWM04: Yeah

RB: Yeah. Thinking about motivation as well, you’ve mentioned a couple of time “If they said if you don’t do this you will die” – it’s quite extreme [laughs].

HWM04: Ok yeah I get that

RB: Is there… I mean, the reason I’m doing this study and the reason Dr [name] is doing the other study that you’re taking part in is because there is quite a strong link between being overweight and having atrial fibrillation, and people reducing their weight and actually reducing their atrial fibrillation and in some.. sometimes managing to reverse their atrial fibrillation from persistent back to paroxysmal

HWM04: Ok..

RB: How much benefit would you have to hope to get from losing weight in order to motivate you?

HWM04: Um… Maybe that’s an educational thing because I don’t think it sort of gets better, my.. my view on it is that you’ve either got it or you haven’t and I don’t think – I might be wrong – but I don’t think there would be a gradual benefit , I think you’re either in AF or you’re not is how I understand it and I don’t think just by losing weight that’s going to stop my AF and if I thought it would definitely do that, yes I would make a lot more effort to lose weight. I haven’t been told that. I’ve been told yes it helps.

RB: But you haven’t been told specifically it would help this much, to it could help this much?

HWM04: No, no.

RB: And then in terms of being able to lose weight, obviously you have lost weight in the past successfully – this time the weight’s coming off a lot slower – is there anything else that would help you to lose weight in terms of being able to lose weight?

HWM04: Um I suppose if I wasn't working – again this sounds like excuses – but if I wasn't working the hours that I work I would have more time to go and do things, to maybe drive down to the gym, to spend more time walking, um

RB: Yeah, it doesn't sound like excuses. I think there's a difference between excuses and reasons and everybody has a busy life you know?

HWM04: Yeah I guess so but if I know that it's going to be beneficial for me then surely I should be doing it and.. I dunno, maybe in my mind it's not gonna cure it if I just lose weight. Maybe it will, maybe after I've had this talk to you now that'll go.. maybe I ought to lose weight, maybe I ought to lose weight quicker, keep it off. Because I definitely felt better when I was lighter, without a doubt, but it didn't stop me from the AF. It.. no.

RB: Mmm. How much did you weigh in 2011 when you went into AF?

HWM04: Erm, I'd kept it off, I went down to 13 and a half stone. I was that for a couple of years. I suppose I may have averaged around 14, I did start very gradually to put it on. So in 2011 I was probably around 14 stone? Which is still overweight but it's not as overweight as I am now.

RB: Were you overweight, as a child were you overweight?

HWM04: Yep, I've always been

RB: Yep. And is that a family thing, or..?

HWM04: I think it's because.. Well my parents always used to say it was because we used to own a sweet shop [both laugh] and I used to be able to have sweets when I wanted them, and I don't know, I don't suppose that's the cause of it but I always thought that we used to eat healthily at home as well, we'd always have proper cooked meals every night, have vegetables. But yeah, living in a sweetshop I did use to have a lot of sweets

RB: Yeah. Were you an active child? Did you do a lot of exercise?

HWM04: Um no I didn't really, no I didn't do that much, in fact I.. No. Played football. Kickabout football, but not on a regular basis, not for teams and that sort of thing. I guess the first thing really was when I started to play badminton at 18 that was probably the first thing I really did. I did sports at school and that sort of thing, but never in the teams, I never used to go and play in the football team or anything, er so after leaving school and leaving college I started playing badminton and enjoyed that and kept doing that all the time. I'd be doing that, then, when I was younger probably sometimes three times a week.

RB: Yeah. Ok. That's all, that's been really interesting talking to you, thanks ever so much [name]. Is there anything else at all that you can think of that you wanted to bring up regarding weight management or atrial fibrillation at all or anything else?

HWM04: No not really, just feel that, I feel after talking to you that - why haven't I done that, really. I guess when it's, you have to sit and explain things and why you've done these or why you haven't done these I think well yeah why haven't I lost that weight then?

RB: That's interesting, you're not the first person to say that at the end of one of these interviews. Yeah, it's interesting.

HWM04: I know that I should, huh, be doing it and I should be losing weight but.. life goes on day after day and maybe it falls away again - that feeling falls away again

RB: Yeah, yeah, ok. I'll just tell you a little bit – sort of, we've kind of finished the interview now but I'll just tell you a little bit about the connection between atrial fibrillation and weight loss because it isn't clear-cut but it might be interesting to you?

HWM04: Yeah

RB: So a few studies, starting in 2013, studies started to show that people who were overweight were more likely to develop atrial fibrillation. And then some studies were done that showed that people who were overweight and successfully lost weight – and we're talking between 5 and 10 percent of their body weight – could see a marked improvement in symptoms, and also when they checked their hearts using Holter monitors, the monitors that you wear for 24 hours, they found that people were having less atrial fibrillation if they'd successfully lost weight and people were actually managing to revert from persistent to paroxysmal atrial fibrillation so were actually reversing the atrial fibrillation. This doesn't work in everybody. Thin people get atrial fibrillation too, and it was about a third of people were seeing a marked improvement in their atrial fibrillation through losing weight. There is mechanism for this in that some of the magnetic resonance, the MRI scans that people have done, have shown that where people have got a collection of fat around the heart that interferes with the electrical activity in the heart and if you reduce that fat deposit around the heart that reduces the interference with the electrical activity.

HWM04: Ok

RB: So it is logical that losing weight should or can improve atrial fibrillation

HWM04: Right. Even by as much as 5%?

RB: Yeah, yeah. Um the other thing to mention is that the reason I asked you if you were overweight as a child is that more recent studies.. because there was then a lot of interest that was generated in this weight loss/atrial fibrillation connection, um studies have found that it's not only your weight at onset of atrial fibrillation that affect you having it or not, it's also your weight throughout your life.

HWM04: Ok

RB: So if you were a large child and then a thin adult you would still be at risk of atrial fibrillation, it you were a thin child and then a large adult you would be at lesser risk so you obviously can't change the fact that you grew up in a sweetshop [laughs] but that doesn't mean that reducing your weight wouldn't help your atrial fibrillation. And if you're currently going down the path of trying different medications, and seeing what helps, then it's reasonable to think that losing some weight would help as well, and that there's definitely a sort of biological mechanism for why that would help.

HWM04: Ok

RB: So, just, so, it's just so that you've got all the information really. And one of the reasons that I'm doing this study is because all of the people I talk to with atrial fibrillation have not been told about this connection by their cardiologists.

HWM04: I was surprised that as little as 5% weight loss can have an effect, yeah

RB: Yeah

HWM04: When I lost weight before that was like 20% I lost, so, um ok

RB: And then the more you lose the greater the effect is likely to be, or the more likely there is to be an effect. But yeah even as little as 5% can definitely help

HWM04: Mm. See in my mind I guess I'm thinking, I'm making that my target and maybe I shouldn't be aiming that high. I'm looking if I go on a diet I need to get down to 13 and a half stone again but maybe I don't, even if I just got down to 14 and a half stone it would help

RB: Yeah, I mean I think everything helps., you know? And also there's a whole collection of illnesses associated with being overweight like diabetes that also contribute to atrial fibrillation, so it's not just one thing it's a whole tapestry of things happening, um, so being overweight puts you at higher risk of developing type 2 diabetes, which also contributes to atrial fibrillation.

HWM04: Yeah

RB: So the more you can manage your weight, the less likely you are to have more complications in the future if you see what I mean

HWM04: Yeah, I do

RB: And it's not as black and white as saying "if you don't lose this weight you will die", because I just can't say that to you - it's just not true you know? But you can talk a lot about risk management and assessing what the likely outcomes are. The likely outcome of losing weight is improving your health and the likely output – outcome of increasing your weight is damaging you health.

HWM04: Yes. Yeah I get that.

RB I'm sure you did I don't think I needed to say that last bit really [both laugh]

HWM 04 No you don't..[laughing] it's fine, it's fine

RB Ok [name] thanks so much … [interview ends].

[END]