1. Also known as an arrhythmia, it’s where your heart has an abnormal rhythm. What’s the best way to check your pulse?

The term arrhythmia applies to any heart rhythm disturbance of which atrial fibrillation is one of the commonest. The term palpitations applies to the sensation of an abnormal heartbeat where the person can experience either a regular or an irregular pounding in the chest that may be intense, fast, or both, or maybe even be the experience of isolated thumps which are known as ectopic beats.

The pulse is best checked over the carotid artery in the neck. Hold your fingers together and place your hand horizontally between the top of the windpipe and the large muscle at the side of your neck.

2. When it beats irregularly, does it usually beat too fast or too slow? What are the risks of each?

Depending on the underlying cause of your heart rhythm disturbance, the heart may beat too fast or may beat slowly. The risk of a fast heartbeat really depends on the underlying diagnosis.

For example, if the cause of the fast heartbeat is atrial fibrillation then a major risk is a clot forming in the atrium, breaking off and travelling to the brain, potentially inducing a stroke. If the cause of the fast heartbeat is ventricular tachycardia, this may lead to sudden collapse and even cardiac arrest.

Slow heartbeats are common in athletes and of no consequence but in older people may often reflect degrees of heart block which can lead to dizziness, shortness of breath and even collapse. This may even require a permanent pacemaker.

3. A one-off event of AF, such as an irregular beat or episode, can typically be induced after consuming excess alcohol. Is there a guideline to what constitutes ‘excess’?

Atrial fibrillation has a number of precipitating factors including alcohol. Any pharmacologic stimulant, legal or illegal such as coffee, excessive alcohol, certain pharmaceutical drugs and all illegal, so-called recreational drugs may induce an episode of atrial fibrillation.

Typically, any intake of alcohol above 1-2 standard drinks per day may induce atrial fibrillation in predisposed individuals.
4. **Paroxysmal Atrial Fibrillation (PAF)** is where the heart has episodes of irregular rhythm. Is there a point where it’s particularly dangerous if they are happening too regularly, e.g., once a week/fortnight/month?

With PAF, it really depends on the length and frequency of the episodes. Atrial fibrillation incidence increases with age and if a person over the age of 60 had their heart monitored for one week, you would typically find very short (a few seconds) runs of atrial fibrillation in most people.

But, if a person has frequent (more than monthly) and prolonged (greater than one hour), this is the point where I would be offering either chronic pharmaceutical therapy or radio-frequency ablation to treat the actual fibrillation.

5. **What medications can cause AF?**

Any pharmacologic stimulants such as drugs used for ADHD, excessive thyroxine replacement etc or any drugs that may elevate the BP such as Cortisone or NSAIDs.

6. **Women are more likely to present with atypical symptoms, weakness and fatigue, which can be prescribed to a number of health issues. How can they determine that the cause is AF?**

Unless a person, man or woman is experiencing a symptomatic irregular palpitation in the chest, the only way to determine whether this is atrial fibrillation is for the palpitations to be captured on an electrocardiogram either performed in a medical facility or during 24-hour holter monitoring or with the new AliveCor app.