When the Heart Races

I felt like my heart was bouncing on my chest. I couldn't sleep, couldn't lie down…my condition was very disabling and I was extremely exhausted. It didn't matter what position I was in. I felt terrible — like a sense of 'doom' was upon me."

As an anesthesiologist, Dr. Fred Prescott spent 35 years practicing medicine, most of it at St. Joseph's Hospital in Orange, California. Working with both children and adults, Prescott had risen to the ranks of chief of radiology.

But in 1988, Prescott began to experience an erratic, racing heartbeat. His diagnosis was paroxysmal (sporadic) atrial fibrillation and sick sinus syndrome. For Prescott, an active golfer and someone who loved his profession, this wasn't good news.

Atrial fibrillation is a common heart rhythm problem which can cause palpitations, shortness of breath, lightheadedness and fatigue. In atrial fibrillation, the two upper chambers of the heart are out of sync and don't beat in coordination with the lower chambers of the heart. More than three million Americans have this condition although it occurs in only one percent of the population under the age of 60. "I feel that what they have at Eisenhower . . . there's nothing better. They're on the cutting edge."

Sick sinus syndrome occurs when the heart's natural pacemaker stops working properly and other sites of electrical activity take over. This can cause atrial fibrillation, although there are many other contributory causes of atrial fibrillation such as: heart disease, high blood pressure, congenital heart defects, an overactive thyroid, lung disease, viral infections and previous heart surgery.

After being diagnosed with atrial fibrillation, Prescott sought treatment at St. Joseph's cardiology department. His first course of treatment was beta blockers. The therapy worked for a while, but eventually Prescott needed heavier doses of the beta blockers in order to control the atrial fibrillation. As a result, Prescott's heart rate slowed to a sluggish 35 beats per minute — leaving him utterly exhausted. During his quest to improve his situation, Prescott was referred to Dr. John C. Messenger, chief of cardiology at Long Beach Memorial Hospital in Long Beach, California.

The next chapter in Prescott's treatment centered around a new trial sponsored by Medtronic (he would become patient number 20). The idea was to use pacemakers to treat atrial fibrillation, which was at the time, a brand new concept. Prescott signed up for the trial, and on April 1, 1998, a pacemaker was implanted into his chest, a good ten years after he had first begun to suffer from atrial fibrillation. Responding well to the pacemaker, Prescott remarked, "I felt like I'd been cured." "Atrial fibrillation is so common, especially in this valley," — Andrew Rubin, MD

Five years is the normal lifespan of a pacemaker's battery, so in 2003, Prescott had his battery replaced. Seeking a cardiologist close to home, Prescott was referred to Dr. Andrew Rubin, Co-Director of the Cardiac Arrhythmia Program at Eisenhower Smilow Heart Center in Rancho Mirage, California, just a short jaunt from his La Quinta residence.

Dr. Rubin remembers meeting Prescott in April, 2004. "When I first saw him he was feeling pretty well, but he had had a problem with atrial fibrillation for over a decade. His fibrillation was breaking through his regimen."

"We ended up trying a different regimen for Dr. Prescott, coupled with cardioversion to restore a normal heartbeat rhythm," added Dr. Rubin.

Prescott was immediately impressed with Dr. Rubin's approach to his medical condition. "Dr. Rubin has been very aggressive with treatment. He started me on Coumadin®, keeping tabs on my progress with excellent follow up.

In addition to the Coumadin therapy, Dr. Rubin prescribed a cardioversion for Prescott. The procedure involves anesthesia for relaxation, after which an electric shock is delivered to the heart through paddles or patches placed on the chest. The shock waves convert the rhythm of the heart to a normal pattern. Dr. Rubin also recommended a coronary angiogram to be certain that his atrial fibrillation medicines were safe to administer. The test results for Prescott looked good which gave Dr. Rubin the green light to recommend flecainide, a medicine that would help maintain a normal heartbeat.

"Atrial fibrillation is so common, especially in this valley," says Dr. Rubin, who is actively engaged in the ongoing research at Eisenhower. "We're just trying to discover what will best minimize the risk of stroke or heart failure in those who have it. Because we are involved in multiple clinical trials with atrial fibrillation at Eisenhower, we can offer medications that patients would otherwise be unable to receive. We can also offer pacemaker implant strategies and devices that may not otherwise be available to patients if they weren't at an institution like Eisenhower."

Prescott is ecstatic about the treatment he's received from Dr. Rubin and the staff at Eisenhower. "The quality of my life is excellent! I'm in good hands, as the saying goes. When I sit with Dr. Rubin, he looks at everything and always seems to be looking for ways to improve my situation. The fact that he specializes in one area — cardiac electrophysiology — is key."

As a physician, Prescott believes the most important aspect of patient care is to create a dialogue with the patient to develop trust and confidence. "I feel that what they have at Eisenhower…there's nothing better. They're on the cutting edge."

A good indication of his current health is Prescott's daily workout with his wife Elaine at the gym. Prescott is ready with advice for anyone suffering with atrial fibrillation. "Go and see a specialist like Dr. Rubin. Period. You have to get good care. And there is no better place in the world than Eisenhower."

Atrial Fibrillation Symptoms Atrial fibrillation is overt one minute and covert the next; however, most people experience the following symptoms: Palpitations Shortness of breath Lightheadedness Fatigue

These symptoms demand your attention. You should respond by calling your primary care physician or a cardiologist . . . or in extreme situations, 9-1-1.

Atrial fibrillation can also be subtle and asymptomatic and is best detected by a 24-hour heart monitor or treadmill test. If you are concerned that you have atrial fibrillation, it is best to get checked.

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