Leyla Weighs In: Is atrial fibrillation a lifestyle-related condition?

We are seeing more and more cases of A-fib and the medical management that such a diagnosis requires. But in an article in *Medscape*, Dr. John Mandrola writes that his approach to treating patients with atrial fibrillation has changed "completely and fundamentally" *[Atrial Fibrillation Care: Put the Catheter (and Rx Pad) Down]*. He describes this as a "before and after moment in AF care."

Before: The cardiovascular world saw AF as a disease in and of itself rather than "seeing it as a result of other diseases." Dr. Mandrola asserts that this focus on the wrong target in AF care explains why medical treatments, drugs and ablation, have performed poorly. He describes it as akin to stenting an artery and saying cardiovascular disease is cured or prescribing a fever reducer for bacterial infection.

But what AF represents in the vast majority of people is that "something is awry in the body—usually exposure to an excess." That the atria of the heart are representative of a "window onto overall health."

Dr. Mandrola suggests that the atria of the heart fibrillate for a reason and the *cause* of it should be the salient therapeutic target.

There is research to suggest that in humans, “promoting basic health dramatically improves AF burden.” So it has become clear that lifestyle diseases impact the heart “via pressure and volume-induced atrial stretch, inflammation, or neural imbalances,” propagating disease “in and around the cells of the heart.” Dr. Mandrola goes on to explain that the removal of excesses “not only reduces AF burden but also improves the structure of the heart.” He’s found that even fibrosis (scars) can regress.

While addressing lifestyle diseases and excesses should be the first target in treating AF, Dr. Mandrola cautions that AF drugs and ablation still have a role—to stabilize an acute situation until “patients can feel well enough to exercise and enjoy life—things that make the atria healthier.”

So medical management has its place—as an adjunctive—buying time until the individual can address lifestyle issues such as achieving a healthy weight, sleeping better (more!), reducing excessive alcohol intake and perhaps workaholism. Once these lifestyle goals have been achieved, the discussion for reducing and eliminating medication can be addressed by doctors since they have served their purpose.

With regard to stroke risk, the reduction in inflammation, blood pressure, hyperlipidemia, and diabetes all help to reduce it.

And here is my favorite:

“From now forward, when a patient with AF sees a doctor who recommends rhythm drugs or ablation without first exploring how a person sleeps, eats, drinks, moves, and deals with stress, it will be a signal to get another opinion. Rushing to drugs or ablation will be as wrong as prescribing antibiotics for a viral infection.”

And finally, Dr. Mandrola concludes, “This discovery about AF teaches us that focal (easy) solutions for systemic diseases due to lifestyle are destined to fail. Given the rise of lifestyle-related diseases, this is a critical lesson, one we should learn sooner rather than later.”

To your health!