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Irregular Heartbeat

An irregular heartbeat is a sign of something wrong

Firstly, heartbeat or heart rate isn't the same as blood pressure. You can check your heart rate easily without special equipment by placing a finger on your wrist to find a pulse, then timing the beat. This is preferably done while resting when, depending on state of health and age, the normal rate could be anything between 60 and 100 beats per minute (bpm). It will increase during exertion, but should return to a slower rate after a short period of relaxation. It should also be regular; in other words a constant beat without breaks or pauses. If there are gaps, those missed beats are a sign that the heart is not functioning properly.

Called arrhythmia, uneven rhythm may be considered abnormal, particularly if the heart rate is too slow (Bradycardia) or too fast (Tachycardia); and conditions like these need checking by a medical professional. Also known as arterial fibrillation, it is more common in older people and is evidence that the upper chambers of the heart are quivering. In effect, the heart is not beating as it should.

Symptoms are not always noticeable, at least not initially, and brief episodes of pounding or fluttering in the chest may be put down to a certain type of exercise, particularly a strenuous one. A way to confirm if this is so would be to rest for a while and try to relax before checking the pulse rate. Should it not have settled down there is something amiss.

From personal experience, I had been noticing a relationship between irregular heart rate and a sensation of dizziness during and following gaps in the pulse beat, slowing the heart rate down to around 45-50 bpm, or maybe less. Sometimes it was only an odd single missed beat; occasionally I timed a break of two, three and even four seconds which I later learned was when my heart had stopped beating. These episodes became more frequent and I decided to visit my GP who initiated an electrocardiogram which confirmed a heart problem that required further investigation.

The next step was a visit to a health unit that specialised in cardiac problems, and after a few tests they fitted me up with a Holter monitor. This was a recording device that was attached to some electrodes stuck on my chest and was small enough to be carried on a waist belt or a neck strap. I had to wear it for twenty-four hours, even in the shower or at night in bed; and it checked the heartbeat, sending the data back to a monitoring station. Although somewhat uncomfortable it was no real hassle and I continued to take my own pulse rate, particularly when the dizzy episodes occurred; which they did as before. Nothing much seemed to have changed and I was still able to function normally; at least what I considered was normal for me, so no problem. The experts, however, disagreed.

First came a phone call from a specialist at the Holter-monitoring place. Apparently my heart rate kept dropping to a dangerously low level. Next was a call from my GP: "Go to Emergency now! If you can't arrange your own transport I'll get you an ambulance."

At the time most hospitals were having problems with Covid and staff shortages so I was expecting a prolonged wait. Surprisingly, for me anyway, after a couple of Covid tests I was whisked to a room and, once again, attached to a monitoring device. The thing kept beeping, and every time it did a nurse rushed in to check the reading. One of my sons was there at the time. He was watching the monitor and said the heart rate was jumping all over the place. I told him not to worry because it was always like that; and I was figuring we could have a good catch-up chat. It was not to be: he didn't even get to finish his coffee before I was trundled out. Apparently the condition was so serious that I had been bumped up the waiting list as a priority.

The solution was a pacemaker implanted in my chest and connected to the upper and lower heart muscles; this to control the Bradycardia. Next day I was discharged. Checking my pulse rate in the car on the way back was a joy: it was holding steady at 60 bpm. All fixed, I thought; until I had been home for only half an hour and my head started spinning again. Barely a couple of minutes later I was in a complete fog, finding it hard to breath and was needing support to stand. It was scary. This time my wife did call an ambulance and I was taken to yet another Emergency Department. After a multitude of tests I wound up in a hospital bed for the second time in as many days.

Discovering the problem this time wasn't immediate, and I presume the experts considered...? Well, I don't know what they thought; and I didn't really care as long as someone sorted it. I was wearing another of those portable monitors and was wandering around the room getting ready to go home when a doctor and nurse rushed in. Apparently the monitor had sent an alert that my heart rate was up through the roof. It seemed the pacemaker was making sure the rate didn't go below 60bpm; but it was doing nothing to prevent it going too high – I was now suffering Tachycardia.

Fortunately, a daily beta blocker is holding that in check with my tick-tock handling the lower end of the scale, and I am now back to as normal as I am likely to get; but I learned an important lesson in hindsight. Had I realised the serious consequences of leaving the often-amusing erratic pulse rate unattended in the early stages, I might have avoided a very unpleasant, possibly fatal experience. I still check my pulse on occasions, just in case; and I would recommend that everyone does this. Young or old, heart problems can affect even the fittest person; and for those like myself who are already on medication to stabilise blood pressure, don't imagine that's a fix-all – it isn't!

So, to avoid what I had to go through, make sure to keep your finger on the pulse.

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