Atrial fibrillation had a negative impact on quality of life, and treatment with an implantable cardioverter defibrillator with atrial therapies helped patients regain a sense of normalcy


**What are patients’ experiences of living with symptomatic, drug refractory atrial fibrillation (AF) and treatment with an implantable cardioverter defibrillator with atrial therapies (ICD-AT)?**

**DESIGN**
Descriptive qualitative approach.

**SETTING**
3 clinical centres in the USA.

**PATIENTS**
11 patients (mean age 63 y, age range 35–80 y, 73% men) who had AF that was unresponsive to treatment for 1–20 years. Patients had been living with an ICD-AT device for a period of 6 months to 2 years. Patients had no documented ventricular arrhythmia.

**METHODS**
Patients participated in semistructured interviews, which were audiotaped and transcribed verbatim. 3 researchers coded the data according to key findings and themes using a qualitative interpretive approach. Codes were compared, and discrepancies were settled by a consensus process.

**MAIN FINDINGS**
Patients described a chronological course of AF illness and treatment, describing the early history of their illness, treatment seeking experiences, decision making process for seeking ICD-AT implantation, and adjustment to living with an ICD-AT. Patients’ early experiences focused on the process of seeking a diagnosis and treatment plan. They described their experiences with AF, including misdiagnosis, minimisation, and poor treatment of AF by various providers; distressing experiences caused by frequent and intense AF symptoms, such as rapid heart rates, palpitations, dizziness, fatigue, anxiety, weakness, and shortness of breath; severe limitations in activities of daily living; distress caused by enduring previous treatment; and the continuous pursuit of successful treatment and attempts to maintain normalcy in daily life. The decision making process for seeking ICD-AT therapy included weighing symptom or treatment distress against anticipated risks or benefits, experiencing feelings of hope for better outcomes, and facing a lack of options.

Patients described their experiences with AF, including the shock of the device and the need to incorporate the shock into the patient’s everyday activities. Patients also described the need to incorporate the shock experiences (which were anxiety provoking and unpleasant) into their life routines. Patients described having gained insight into how their life routines. Patients described having gained insight into how

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**CONCLUSIONS**
Patients felt that living with symptomatic, drug refractory atrial fibrillation was distressing and had a major negative impact on overall quality of life. They felt that treatment with an implantable cardioverter defibrillator with atrial therapies reduced their symptom distress and increased a sense of normalcy in daily activities.
Atrial fibrillation had a negative impact on quality of life, and treatment with an implantable cardioverter defibrillator with atrial therapies helped patients regain a sense of normalcy.

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