



**“My mother was getting older and slowing down...we didn’t realize that a bout of AFib would be the first in a series of health events that would change things forever.”**

**Antronette (Toni) Yancey, MD, MPH**

*AFib Patient Caregiver  
to her mother, Juanita*

**L**ong before atrial fibrillation (or AFib) began to impact her health, Juanita Yancey was a trailblazer in the field of education. A graduate of the University of Kansas with a Bachelor’s Degree in English and a Master’s in Education from the University of Missouri at Kansas City, Juanita was a school teacher for 45 years, and was the first African-American reading consultant in the Kansas City school system.

“My mom was an educator, through and through,” her daughter, Dr. Toni Yancey, remembers. “She was a big reader, and used to take us to the museums all the time. She gave me my focus and appreciation for learning.”

And because of that influence, Dr. Yancey is an established public health expert today, holding an MD and a Master’s in Public Health; a professorship in the UCLA School of Public Health; and serving as Co-Director of the UCLA Kaiser Permanente Center for Health Equity. Recently, Dr. Yancey became a board member of the non-profit supporting Michelle Obama’s “Let’s Move” campaign.

**Yet, despite all of her expert knowledge and her passion for learning, Dr. Yancey didn’t know much about AFib, or how it would affect her mother.**

The most common form of cardiac arrhythmia, AFib is a heart rhythm disturbance in which the upper chambers of the heart beat in a rapid, uncoordinated and disorganized fashion, resulting in an irregular and frequently fast heart rate<sup>1</sup>. Some patients report a flopping sensation in their chest. Others experience a racing heart or a feeling of fatigue. Still, others experience few symptoms, if any at all.

An estimated 2.5 million Americans live with AFib, which disproportionately affects people over the age of 65<sup>2</sup>. The condition increases risk for stroke by five times<sup>3</sup>, worsens other heart diseases<sup>4</sup>, and doubles the risk for death<sup>5</sup>. Patients with AFib tend to use more healthcare services than patients without AFib, including high hospitalization and rehospitalization rates<sup>6,7</sup>.

Yet, despite its consequences, AFib often flies beneath the radar compared with other chronic diseases.

“AFib just wasn’t something we’d learned to look for,” she recalls. “My mother was getting older and slowing down, but she was living independently. We didn’t realize that a bout of AFib would be the first in a series of health events that would change things forever.”

In September of 2003, Juanita was living in Kansas when she suffered what she called “a dizzy spell.” Losing her balance, she fell and was unable to get up. After spending the entire day injured and on the floor, she was hospitalized – the culprit was AFib.

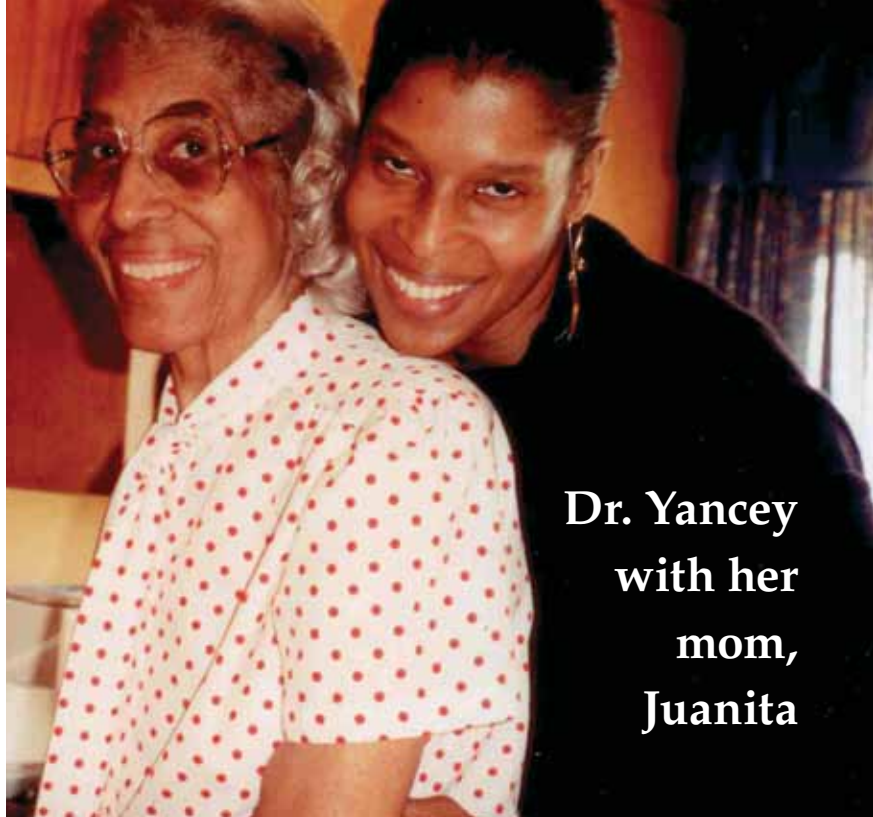
“That was the first time she’d been diagnosed with AFib,” recalls Dr. Yancey. “Here she was, a woman who had always had great medical care and insurance – a very informed patient – but we still didn’t get the condition diagnosed before it caused her significant injury and problems.”

The episode convinced Dr. Yancey that it was time to move her mother out to Los Angeles, so that she could help manage her care. However, things continued to be a challenge as her AFib became worse and her health began to deteriorate, complicated by Alzheimer’s.

**“AFib is a complex disease, and patients with AFib tend to have very complex health profiles,” Dr. Yancey says. “Even as a public health expert, I didn’t understand how demanding her care would be until I was faced with the challenges. Eventually, I realized that I couldn’t give her the care that she needed, and had to transition her into a nursing facility.”**

As Juanita’s lifestyle became more sedentary, her health suffered. She was eventually diagnosed with hypertension and diabetes – two of the many chronic diseases with which AFib is associated. She passed away in 2008.

In retrospect, Dr. Yancey recognizes the opportunities where she and others might have diagnosed the AFib earlier. She also considers the impact AFib may have had in reducing her mother’s overall health, citing AFib’s progressive nature and its negative impact on other cardiovascular diseases.



**Dr. Yancey  
with her  
mom,  
Juanita**

“I am a health professional, and I didn’t know much about AFib,” she says. “It wasn’t necessarily on the list of items my mother’s healthcare provider was really focused on, and there just isn’t much information out there about AFib, even to this day. That’s why we need more resources, so that healthcare professionals are spotting AFib earlier and managing it before it progresses.”

Today, Dr. Yancey has dedicated her professional career to improving public health and wellness, and she takes pride in the opportunity to help people who are facing similar situations to her’s. Keeping in mind her mother’s mission to be an educator, she sees her own mission to encourage patients, caretakers, loved ones and medical professionals to have a sense of urgency about chronic diseases like AFib.

“The bottom line is that it’s too easy to attribute certain AFib symptoms to old age,” Dr. Yancey says. “AFib is complex, the symptoms can be subtle, and the consequences can be devastating. My mother’s quality of life deteriorated following her AFib diagnosis, and I would hate to have others go through that same experience.” ■

<sup>1</sup>American Heart Association. “Atrial Fibrillation.” Available at [www.americanheart.org/presenter.jhtml?identifier=4451](http://www.americanheart.org/presenter.jhtml?identifier=4451). Last accessed June 9, 2008.

<sup>2</sup>Go AS. “Prevalence of Atrial Fibrillation in Adults: National Implications for Rhythm Management and Stroke Prevention: The Anticoagulation and Risk Factors in Atrial Fibrillation (ATRIA) Study.” *Journal of American Medical Association*. May 9, 2001-Vol 285, No. 18.

<sup>3</sup>Wolf PA, Abbott RD, Kannel WB. Atrial fibrillation as an independent risk factor for stroke: The Framingham Study. *Stroke*. 1991;22:983-988.

<sup>4</sup>Fuster V, Rydén LE, Cannom DS, et al. ACC/AHA/ESC 2006 Guidelines for the Management of Patients with Atrial Fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Revise the 2001 Guidelines for the Management of Patients With Atrial Fibrillation): developed in collaboration with the European Heart Rhythm Association and the Heart Rhythm Society. *Circulation*. 2006;114:e257-e354.

<sup>5</sup>Benjamin EJ, Wolf PA, D’Agostino RB, Silbershatz H, Kannel WB, Levy D. Impact of atrial fibrillation on the risk of death: The Framingham Heart Study. *Circulation*. 1998;98:946-952.

<sup>6</sup>Lee W, Lamas G, Balu S., et al., “Direct treatment cost of atrial fibrillation in the elderly American population: a Medicare perspective.” *Journal of Medical Economics*. (2008): 281-298.

<sup>7</sup>Kim, Michael H., Jay Lin, Mohamed Hussein, Charles Kerilick, and David Battleman, “Cost of Atrial Fibrillation in United States Managed Care Organizations.” *Adv Ther*. (2009) 26(9):847-857.