Reviewer's report

Title: Arrhythmia-provoking factors and symptoms at the onset of paroxysmal atrial fibrillation. A study based on interviews with 100 patients seeking hospital assistance

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Reviewer: John Godtfredsen

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This is a true clinical paper almost without any pathophysiology except for a few speculations in the discussion, yet it is clinically relevant and revives the classic (Parkinson J, Campbell M. Paroxysmal auricular fibrillation. A record of 200 patients. Quart J Med 1930; 24: 67-100) with modern methodology.

The results are not very surprising and in a way they just confirm what many active clinicians and every experienced patient with recurrent pAF already know – but now we have it in cool figures.


The aim of the study is clearly defined and focused on the patients’ viewpoint.

Since the questionnaire used is the main tool of the study it is in my view not acceptable only to refer to a website. Some main points on the structure and basic questions must be mentioned in the methods section. And we are not told how many patients completed the data by personal interview. And over how many years/months were the patients recruited?

The exclusion criteria do not embrace patients with hypertension which occurred in 24. Thus it is debatable as to whether all the patients had truly idiopathic AF. Subtle diastolic changes in the left ventricle and hence the left atrial performance could be caused by hypertension (Allessie MA, Boyden PA, Camm AJ et al. Pathophysiology and prevention of atrial fibrillation. Circulation 2001; 103: 769-77.) Are there any echo-data available to clarify this problem?

The statistics are OK.

The results are presented satisfactorily in detail, both in the text, tables and figures, but the table headings seem rather preliminary and fig. 3 is redundant as it conveys too detailed information to be of any practical use.

What is meant by weariness – just being tired or fatigue (exhaustion)? Oddly, heavy meals as such are not mentioned under pAF-triggering foodstuffs – perhaps the question was not asked?

The conclusion is plain and short and carried by the results.

The discussion is balanced and focus on the possible underlying hyperadrenergic mechanisms in the precipitation of AF and their putative relation to the self-reported clinical triggers. The symptomatology is related satisfactorily to previous studies (incl. quality of life studies) but the authors do not state clearly whether their group as a whole had (or perceived) an impaired QoL. In the limitations section the lines: “The material was not taken consecutively, but randomness should have been favoured by the lack of order in acquiring patient material," are rather obscure and need clarification.

It is not a comprehensive study, yet the message is novel as regards its quantitative aspects that are not trivial and thus worthy of publication.

Unfortunately the English writing is too poor (some examples: …divided up into as paroxysmal… shortage of breath… whose AF had been found… who cited sympathetic tone anamnesis… can also be accounted for due to… material was taken at a hospital) so a revision is definitely
necessary.
Comments:
1. Major compulsory revisions: Inclusion of parts of questionnaire, justifying comments on inclusion of hypertensive patients, add references, revise language.
2. Minor essential revisions: Table headings.
3. Discretionary revisions: Rest of the above mentioned.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No

Declaration of competing interests:
None