

Bradley's Doctors Say He Is in Excellent Shape

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By LAWRENCE K. ALTMAN

CONCORD, N.H., Jan. 29 — In their first comprehensive interviews on the topic, Bill Bradley and his three cardiologists said the former senator was in excellent physical condition and his bouts of irregular heartbeat were not a serious hazard to his health, or to his ability to serve as president, despite their recent increased frequency.

Mr. Bradley and the doctors, who have treated him since 1998, confirmed that he suffers from a condition known as atrial fibrillation. It is the most common heart-rhythm disorder that doctors treat, affecting an estimated 2.2 million Americans in one form or another. Many of these people work full schedules, and some even run marathons.

Medically, Mr. Bradley "should be able to function perfectly fine as president," said Dr. Robert H. Heissenbittel, his personal physician at Columbia-Presbyterian Medical Center in New York City.

Mr. Bradley, 56, agreed to talk after his heart condition received widespread news coverage and questions were repeatedly raised about his health. In the interview he said that last weekend he experienced a fifth such episode over a month. He spoke with this reporter, a physician, for an hour here on Tuesday during a break in the preparation for his debate with Vice President Al Gore in Manchester, N.H., the next day.

In addition, the three cardiologists — Dr. Heissenbittel and Dr. J. Thomas Bigger of Columbia University, and Dr. Edward T. Anderson of Stanford University — spoke with Mr. Bradley's permission for several hours in separate repeated telephone interviews before and after the interview with Mr. Bradley.

Dr. John F. Eisold, the attending physician to the Congress and the person who first diagnosed Mr. Bradley's irregular heartbeat in 1996, did not consent to an interview. But he gave Mr. Bradley his Senate medical records, and Mr. Bradley turned them over to Dr. Heissenbittel, who then discussed them.

Three times after attacks of fibrillation, Mr. Bradley has needed a procedure known as cardioversion, in which the heart is jolted with electricity to snap it back into normal rhythm. His heart beats normally at about 50 times a minute. Mr. Bradley has not had a cardioversion in the last 19 months but might need one in the future.

Before undergoing a cardioversion, a patient is made unconscious for several minutes with an anesthetic and sedative to avoid feeling the burning pain from the jolts of electricity. Anesthesiologists not connected with Mr. Bradley's case said that they generally advise such patients not to drive home. Many patients are also told not to make important decisions for the rest of the day until the aftereffects of the anesthetic and sedative wear off.

In the interview, Mr. Bradley recalled: "They give you anesthesia, you kind of drift, and then when you wake up they say you are back in rhythm. When you wake up, you are completely alert, you can function."

Mr. Bradley went home to sleep shortly after the procedures and returned to work the next day.

Asked what he would do if he needed such a procedure as president, Mr. Bradley acknowledged that he might have to invoke the 25th Amendment, using its provisions to turn over executive power to his vice president temporarily.

"I have not thought of that," Mr. Bradley said. He added that "the 25th Amendment sounds a reasonable way to go," but that this was "a decision that I can make down the road a little bit."

Stroke can also be an important complication of atrial fibrillation. But the risk of a stroke or other serious damage from Mr. Bradley's type of atrial fibrillation is less than 1 percent a year, about the same as for someone his age without the condition, his doctors and other experts not connected with his case said.

Mr. Bradley said he had intended to disclose the atrial fibrillation in

mid-December after his latest complete checkup, on Dec. 3. But his campaign staff unexpectedly made the disclosure on Dec. 10 when Mr. Bradley canceled a campaign appearance in California because of a burst of atrial fibrillation. Then, while driving to a hospital and expecting to have his fourth cardioversion, Mr. Bradley said, his heartbeat suddenly "went back in."

"I don't have the faintest idea why" the beat suddenly became regular in that and other episodes, Mr. Bradley said.

Last week, on the eve of the Iowa caucuses, Mr. Bradley disclosed that he had had four episodes in a period of about a month, the most he had had in that amount of time. They lasted from 2½ to 12 hours, and in each case his heart reverted to normal rhythm on its own.

In the interview, Mr. Bradley said he had experienced a fifth episode that lasted about two and a half hours on Jan. 22. The doctors said they did not consider the number significant because the bouts tend to come in flurries, and they added that it is likely more will occur.

Mr. Bradley's irregular heartbeat is technically known as lone paroxysmal atrial fibrillation. "Lone" means the irregular heartbeat is not caused by an underlying heart condition. "Paroxysm" refers to the bursts of irregular beats that come on unpredictably for unknown reasons and disappear just as mysteriously. Over time, the paroxysms sometimes become permanent. Mr. Bradley has never had a heart attack.

Normally, the heart's upper chambers, the atria, send electrical impulses to make the bottom chambers, the ventricles, beat regularly. Atrial fibrillation disrupts the heart's intricate electrical circuitry so that during the paroxysms the atria quiver. The ventricles then beat more rapidly (up to 200 beats a minute) and less efficiently than usual, causing lightheadedness, weakness and other symptoms.

The risk of stroke comes from the possibility of blood clots. Their formation tends to increase when atrial fibrillation is sustained longer than about 48 hours but can occur within that period. The risk that a clot will break off and travel through the blood elsewhere in the body seems to be greatest when the fibrillating rhythm suddenly changes to normal. For that reason, doctors generally perform an electrical cardioversion only within the first 48 hours or delay it until a patient takes a drug like Coumadin for several weeks to help prevent the formation of blood clots.

However, Coumadin therapy increases the risk of bleeding. Mr. Bradley has taken Coumadin for short periods around his cardioversions but does not take it now.

Mr. Bradley has rejected a drug, amiodarone, because of its potential hazards, such as damage to his liver and lungs and even more serious heart rhythm problems.

In some people, atrial fibrillation is triggered by factors like stress, exercise, alcohol, caffeine and the time of day. Mr. Bradley said that he had taken his doctor's advice to avoid caffeine and alcohol. But he said he could not consistently correlate his bouts with anything.

The bouts of atrial fibrillation do not limit his daily work in any way, Mr. Bradley and his doctors said.

"It does not affect anything," Mr. Bradley said. "That is why I consider it a nuisance."