DAMIANRASCH.COM

DAMIAN RASCH, D.O.

ENCINITAS · LA JOLLA, CALIFORNIA



Holiday Heart Syndrome

When alcohol sets off atrial fibrillation, and what cutting back can do.

45%
lower risk of AF returning in six months when drinkers with AF cut back

About 8%
rise in long-term AF risk for each daily drink, on average

About 2
drinks a week or fewer, the level many cardiologists target in AF

WHAT'S HAPPENING

Alcohol makes the upper chambers jumpy



Alcohol makes the cells of the atria, the upper chambers, fire out of rhythm more easily. Calcium leaks when it shouldn't, the nervous system gets a jolt, and drinking and dehydration shift potassium and magnesium. Even a completely normal heart can have an episode after a hard night of drinking. One episode leaves no permanent damage, but repeated episodes leave real changes behind, and that is how a lot of intermittent AF turns permanent over years.

THE EVIDENCE FOR CUTTING BACK

A trial in drinkers who already had AF



In a 2020 trial in the New England Journal of Medicine, 140 people with intermittent AF who drank at least ten standard drinks a week were split in two. Half were asked to stop or get as close as possible. After six months they had a 45 percent lower risk of AF coming back and spent less time in AF.

Less alcohol, less AF

The risk goes up gradually from your first drink. Cutting back has no pharmacy cost and no medication side effects, and it helps even if you have had AF for years. A meaningful reduction, even short of zero, shows up in your rhythm.

SYMPTOMS, WHEN TO GET AN ECG AND HOW TO CUT BACK ARE ON THE BACK

IF YOU THINK YOU HAD AN EPISODE

What it feels like, and what to do next

WHAT AN EPISODE CAN FEEL LIKE

usually within hours of drinking, sometimes a day later

Your heartbeat	Pounding or fluttering, or an irregular rhythm.
Chest and breathing	Chest discomfort, or you can't catch your breath the way you usually do. Some people feel lightheaded.
No symptoms at all	Some people feel nothing and only learn about it when an Apple Watch or Kardia catches it.
At rest or asleep	Alcohol-related AF often shows up at rest, during sleep or after a big meal, more than during exercise. If your watch alerts you at 3 AM the night after drinking, take it seriously.

GET IT CHECKED

Call 911	Palpitations with fainting or near-fainting, chest pain, trouble breathing or confusion.
Same day	A fast, irregular heartbeat that keeps going but feels tolerable.
Palpitations for more than a few minutes	A sudden onset of palpitations or an irregular rhythm that lasts more than a few minutes calls for an ECG, ideally while it's happening.
It went away on its own	Document it anyway. A normal ECG later doesn't mean nothing happened, and people who have one episode often have more.
Repeat episodes	A full AF workup with an echocardiogram (an ultrasound of the heart), a monitor you wear to see how often AF happens, and a stroke risk score called CHA2DS2-VASc. That score decides on a blood thinner whether you stop drinking or not.
Stopping heavy drinking	Don't stop suddenly without medical advice. Seizures, confusion or hallucinations after stopping mean call 911.

CUTTING BACK THAT STICKS

Count for a month	Use a notebook, a spreadsheet or an app like Reframe. Most of Dr. Rasch's AF patients who say "a couple a day" are really drinking three to five.
Set a weekly limit	Write it down, tell someone, and plan your week so drinking days are intentional.
Make swaps	Choose alcohol-free beer and spirits at social events, and keep alcohol out of the house if you reach for it more than you want to.
Avoid binges	Binge drinking (4 or more drinks for women, 5 or more for men, in about 2 hours) is what most often sets off an episode. No pill taken before drinking reliably prevents it.

BRING TO YOUR VISIT

Your wearable data and a true count of your drinks. Ask about your CHA2DS2-VASc score, whether your target is two drinks a week or zero, and which other AF drivers to treat, such as high blood pressure, sleep apnea and extra weight. If cutting back is hard, talk with your primary care physician.

READ THE FULL ARTICLE

damianrasch.com/
holiday-heart-syndrome

For education only, and not a substitute for advice from your own physician. Sources include Voskoboinik et al. (NEJM 2020), the 2023 ACC/AHA/ACCP/HRS atrial fibrillation guideline, Larsson et al. (JACC 2014), Csengeri et al. (European Heart Journal 2021) and the 2025 AHA scientific statement on alcohol.

DR. DAMIAN RASCH, D.O. · BOARD-CERTIFIED INVASIVE CARDIOLOGIST · ENCINITAS AND LA JOLLA, CA

MADE IN CALIFORNIA