

VNR TRANSCRIPT

EMBARGOED: 12:01 AM AEST, TUESDAY, MAY 27, 2025

More than one in three Australians with an irregular heartbeat experience four or more symptoms before visiting a doctor: new research shows

Run time: 38.10 mins

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[More than one in three Aussies with an irregular heartbeat experience four or more symptoms before visiting a doctor: new research shows](#)

TALENT



Cardiac Electrophysiologist, Queensland Cardiovascular Group and St Andrew's and St Vincent's Hospitals, *BRISBANE*



Cardiologist and Electrophysiologist, Holmesglen Private Hospital and Cabrini Hospital, *MELBOURNE*



CEO and Founder, hearts4heart, *PERTH*



Mum of two, grandmother to eight, publisher, author, artist, coach and consultant who lived with atrial fibrillation, *GEELONG*

Dr Tomos Walters

Cardiac Electrophysiologist, Queensland Cardiovascular Group, and St Andrew's and St Vincent's Hospitals, **BRISBANE**



00:16 – 00:28

Self-introduction

My name's Tomos Walters. I'm a cardiac electrophysiologist with a particular interest in helping patients with atrial fibrillation.

00:28 – 00:55

What is atrial fibrillation or AF?

Atrial fibrillation or AF is the most common, sustained, cardiac rhythm disturbance that we see in adult Australians. It's a fundamentally abnormal rhythm where the ventricles become irregular, the pulse becomes irregular. It's associated with a significant impact on symptom status and quality of life, and it's also associated with a significant increase in the risk of stroke and heart failure.

00:55 – 01:42

What causes atrial fibrillation?

Atrial fibrillation or AF is a disease in which the normal, regular rhythm is replaced by electrical chaos in the atria, the filling chambers at the top of the heart. That then makes the ventricles, the pumping chambers beat in an irregularly irregular manner, which significantly reduces the mechanical efficiency of the heart.

Now, why that happens? It's related to getting older. It can be related to your genetics, and it's also related to other medical conditions which have the result of stretching and scouring those filling chambers, those atria. And that can include being overweight, having high blood pressure, having diabetes, having sleep apnoea. So, these are all the risk factors that we have to think about when we're looking after somebody with atrial fibrillation.

01:42 – 02:00

How many Australians are living with AF?

Across the whole community, it's more than two per cent, but it becomes markedly more prevalent with increasing age. So perhaps five per cent of patients over 65 and up to 15 per cent of patients by the time they're 80.

02:00 – 02:25

What are the risk factors for developing AF?

The risk factors for developing atrial fibrillation or AF include some things that you have no control over – getting older and your genetics. But there are also a number of modifiable risk factors, which we focus on intently when we're treating patients. And these include weight, blood pressure, diabetes, sleep apnoea, alcohol consumption, exercise.

02:25 – 02:44

What are the typical symptoms of AF?

There are some people who just don't feel it. There are some people who are incapacitated by it, and most people are somewhere in between. The symptoms include palpitations, chest pain, breathlessness, dizziness, fatigue.

02:44 – 03:05

Do older people living with AF always show visible symptoms?

There is a group of patients, particularly older patients, who are unaware that they have AF. It doesn't affect them symptomatically, and it doesn't affect their quality of life, but it's still a relevant condition, because it increases the risk of having a stroke. So it is important to detect it even in those patients.

03:05 – 03:29

What percentage of people living with AF experience moderate to more disabling symptoms?

At least 60% of patients living with AF are aware of it. They experience symptoms and perhaps 20 or 30% of those patients experience really quite severe symptoms. There is data showing that more than 20% of people have quite significant psychological distress to the point of thoughts of self-harm related to their AF.

03:29 – 03:52

What are the potential complications of AF if not identified, or treated?

The things we worry about in a patient with AF include the risk of having a stroke. The risk that the AF, if left untreated, can start to affect their heart structure and function. It can cause heart failure in some patients. And of course, we worry about the symptoms and the effect on quality of life.

03:52 – 04:14

What burden does AF impose on the Australian healthcare system?

AF imposes very large burden on the Australian healthcare system. It's one of the most common reasons for emergency department presentation, for hospital admission. It's associated with conditions like stroke, which have a major cost. Overall, it costs many, many billions of dollars to the Australian healthcare system.

04:14 – 04:37

How is AF diagnosed with?

The cardinal test to diagnose AF is an ECG, an electrical tracing of the heart's rhythm that shows whether it's a normal rhythm or an abnormal rhythm such as AF. The thing that's really changed in the last few years is the advent of smart devices, smartwatches, and other devices that allow the patient themselves to record their own ECG.

04:37 – 04:52

What does the management and treatment of AF aim to achieve?

The management and treatment of AF aims to achieve improvement in symptoms and quality of life and reduction in the risk of major adverse outcomes such as stroke and heart failure.

04:52 – 05:17

What is the broad approach to treating AF in Australia?

Broadly speaking, the management of AF has three pillars. The first is lifestyle change.

Controlling modifiable risk factors for AF has to be part of the management, and probably the most important part. The second part of management is reducing stroke risk. And the third part is controlling rhythm or heart rate so as to improve symptoms and quality of life.

05:17 – 05:44

What is the importance of rhythm control in treating AF?

Rhythm control is really the way in which we go about improving symptoms and quality of life in patients who are experiencing symptoms. It's about getting patients back to a normal rhythm and keeping them in a normal rhythm. Now, that can involve a range of options, such as cardioversion procedures, antiarrhythmic medications, but increasingly in contemporary practice, catheter ablation procedures.

05:44 – 06:07

Why is heart health important?

Heart health is really important. Heart disease affects a lot of Australians, both symptomatically and in terms of major outcomes like heart attack and stroke. And the thing with heart health, is that it's changeable. Patients have control. Lifestyle is vital. Early detection of disease is vital. See your doctor if you're feeling unwell.

06:07 – 06:29

What is your message to Australians who at risk of developing AF?

My message to Australians who are at risk of AF, is that we need to detect it. Because if we detect it, we can change things. We can reduce stroke risk, we can improve survival. So see your doctor. Be aware of how you're feeling, and don't be afraid to use new technologies such as smart devices.

Dr Emily Kotschet

Cardiologist and Electrophysiologist, Holmesglen
Private Hospital and
Cabrini Hospital, **MELBOURNE**



06:39 – 06:56

Self-introduction

So my name's Emily Kotschet. I'm a cardiologist and electrophysiologist and I work at several hospitals, so Holmesglen Hospital, Cabrini, the Heart Hospital, and Mulgrave Hospital.

06:56 – 07:11

What is atrial fibrillation or AF?

Atrial fibrillation is an irregular heartbeat that's recurrent and progressive and causing symptoms for patients. We often refer to it as AF.

07:11 – 07:28

What causes atrial fibrillation?

It can be just genetic in young people, but it can be related to older age, other illnesses, medication, heart disease. So, in each person we look for causes that we might be able to treat.

07:28 – 07:44

How many Australians are living with AF?

About two per cent of the population of Australia have AF and live with that. That increases with age. So about 10 per cent of people in Australia have AF over 80.

07:44 – 07:59

Is the incidence of AF cases in those aged 55+ years projected to increase over the next two decades?

The incidence of AF in patients or people in Australia over 55 years old, is expected to double over the next two decades. That's a large increase for us to look after.

07:59 – 08:15

What are the risk factors of developing AF?

As you get older, there's an increased incidence of AF. Then there's being overweight or doing no exercise, dietary changes, sleep apnea, and many types of heart disease and other illnesses.

08:15 – 08:40

What are the typical symptoms of AF?

So atrial fibrillation typically causes palpitations as a symptom, so irregular thumping in the chest. Some patients feel it as shortness of breath or chest tightness or just feel a bit strange, dizzy, fatigue. But the symptoms are often unusual, particularly in women. They often present with different symptoms to what we might expect.

08:40 – 08:58

What AF symptoms do women often present with?

So women often present with different symptoms, so maybe not classic irregular palpitations. They might feel short of breath or just fatigue, unable to do their usual activities. In fact, some people have no symptoms with AF.

08:58 – 09:25

What are the potential complications of AF if not identified, and treated?

So there's three main complications that come with AF, atrial fibrillation. There's a risk of stroke and that's particularly important people have no apparent symptoms they may present with a stroke and then we realise they had AF. AF can contribute to heart failure, and also valvular heart disease and there's an increased risk of dementia and as well as death.

09:25 – 09:43

How does AF affect a person's overall quality of life?

Atrial fibrillation really does affect people's quality of life. It's a symptom that they have to live with. It's intermittent, and recurrent, and progressive, and that plays on people's minds, as well that it's going to get worse over time.

09:43 – 09:59

Can stress and psychological distress worsen AF?

Stress and psychological distress can worsen AF, make it more frequent, more symptomatic. So, if we don't manage that, it can then lead to more episodes of AF or worsening disease.

09:59 – 10:33

What is the best test to diagnose AF?

The best test to diagnose AF is an ECG, which is a very simple test. A few sticky dots print out a graph to show your rhythm. More and more now is the wearables that patients or people have exercising or even just to take the time. It shows heart rate irregular, it can point out they've got AF. Some patients have blood pressure machines it says there's something wrong with the heartbeat so there's a lot of ways we can pick that up and lead to the ECG the diagnostic test.

10:33 – 11:01

What does treatment of AF involve?

Assessing the risk of stroke and how we reduce that and then number two is, reduce symptoms. So that's a medication, so the patient can feel better. And the third is then working out with the longer-term plan to prevent this recurring, again, which may be some intervention some medication or lifestyle therapy, which we really encourage in terms of keeping a healthy lifestyle exercising regularly, diet and weight loss.

11:01 – 11:24

What treatment options are available to Australians living with AF?

Treatment options for AF are mostly medication, which just reduce symptoms, but don't always eliminate them. More commonly is something like catheter ablation, which is targeting the heart and reducing episodes of AF in a more permanent fashion, and sometimes pacemakers in older patients.

11:24 – 11:50

Three-quarters (74 per cent) of the new AF research survey respondents said living with AF or its symptoms, affects their quality of life to some degree. Can you reflect on this?

A survey of a thousand Australians over the age of 50 has shown that 74% of them who have AF, have symptoms ongoing. We need to be able to manage this better. We can. We have therapeutic options, but they need to come and see an electrophysiologist or an AF specialist to address this.

11:50 – 12:16

The new AF research shows one-in-three (34 per cent) of Australians would only seek medical treatment after experiencing four or more AF symptoms. How concerning is this lack of proactivity?

So one in three Australians didn't want to present when they had their first symptoms and waited for four episodes before they sought medical attention... often waiting to see if it'll just settle on its own, or maybe dismissing the significance of it. We need to show that message – it's progressive and it has a risk of stroke and heart failure in the longer term. To address it early is very beneficial.

12:16 – 12:33

Why is it so important to increase patient education on the risk of developing stroke predominantly from AF or a cardiac source?

Stroke is a very disabling symptom, and most of them are due to AF, and that's a treatable situation. If we can pick up AF, and start some blood thinners, you can prevent the majority of stroke.

12:33 – 13:00

More than three-quarters (77 per cent) of Australians living with AF, or its symptoms, report feeling 'anxious' or 'worried'. Can you reflect on this?

From this survey, the majority of patients had stress or anxiety having this diagnosis and living with these symptoms. It's something we can manage better. We need to acknowledge the symptoms that are physical as well as emotional, and address this. There are plenty of options that we can provide to patients, to make them feel better, and reduce the burden of symptoms overall.

13:00 – 13:23

What is your message to Australians who are living with, or at risk of developing AF?

My message for Australians who are at risk of AF, or living with AF is to pick it up early, present to your doctor for an assessment, start your lifestyle therapy, and consider ablation or early assessment by an electrophysiologist or specialist in AF to manage it.

Tanya Hall

CEO & Founder, hearts4heart, *PERTH*



13:33 – 14:01

Why did you choose to establish hearts4heart to support Australians living with atrial fibrillation or AF?

It's through my own experience of living with heart disease and atrial fibrillation all of my life that led me to start Hearts4heart. I looked for information and support and wanted to be involved in the shared decision making of my own health, and there wasn't anything available, and I was really shocked, given the amount of people living with atrial fibrillation, that there wasn't anything available. So I thought I'd start something myself.

14:01 – 14:26

What is atrial fibrillation or AF?

Atrial fibrillation, also known as AF, is the most common arrhythmia, where the top chambers of your heart, the atria, beat faster and erratically. In AF, your heart may not pump blood around the body as well as it should. And that can lead to serious complications, such as stroke or heart failure.

14:26 – 14:41

What are the symptoms of AF?

Symptoms of atrial fibrillation include chest pain, palpitations, fatigue, dizziness and swollen ankles or feet.

14:41 – 14:57

Do people living with AF always show visible symptoms?

Not everybody with atrial fibrillation have symptoms. And unfortunately for many people, it's not until they present in the hospital with a stroke, that atrial fibrillation is detected.

14:57 – 15:25

Who is most at risk of developing AF?

So those most at risk of developing atrial fibrillation are the elderly. There are some heart conditions that can also lead to atrial fibrillation, obesity, sleep apnoea, hypertension, diabetes, but also lifestyle factors such as excessive drinking, smoking, and those that are overweight.

15:25 – 15:37

What are the potential complications of AF, if not identified, or treated?

If atrial fibrillation isn't detected or treated, it can lead to serious complications such as stroke or heart failure.

15:37 – 15:54

What is the likelihood of an AF patient having a stroke, and are Australians generally aware of this?

So people living with atrial fibrillation are five times more likely to have a stroke, and yet they're still very little awareness about atrial fibrillation and the link between atrial fibrillation and stroke.

15:54 – 16:17

Why do many Australians delay seeking treatment for AF?

So many Australians are delaying treatment because they don't always have symptoms, and therefore, they're not aware that they have atrial fibrillation. So it's really important that people are going to their GP and having their heart checked. But it's also really important that we're conscious of our heart health.

16:17 – 16:55

At what age did you first start experiencing symptoms of AF that prompted you to visit your GP?

When I was 17 years old, I woke up feeling as though I was having a heart attack. My heart was racing, which is known as palpitations. And I felt really nauseous. So I raced to my GP, when I was still in atrial fibrillation, and he just asked me to sit down with, in the clinic for a little while, until the symptoms went away. That would have been an opportunity for him to diagnose me. But I think perhaps because I was a younger woman with atrial fibrillation, that perhaps there wasn't a follow up from there.

16:55 – 17:27

Were you living with any underlying medical conditions that put you at risk of developing AF?

So I was diagnosed with congenital heart disease at six months old. And I had my first heart operation at nine. But when I was 17, I started having symptoms of atrial fibrillation. And after atrial fibrillation progressing over 10 years. I was then diagnosed, and had treatment to improve my symptoms, and quality of life.

17:27 – 17:53

How did living with AF affect your ability to perform day-to-day activities?

So living with atrial fibrillation significantly impacted my quality of life. Particularly during the times when I was really unwell, I was either in hospital, or had hospital in the home. And so that really affected my ability to work, to socialise, and of course, it affected my mental health.

17:53 – 18:07

How well are you living with AF these days?

I'm living really well with atrial fibrillation. The most important thing is that you're diagnosed and treated like I am, and you can live a fulfilled life.

18:07 – 18:58

What treatments are available for AF?

So there are many treatments available for atrial fibrillation and depending on your personal circumstance, will depend on what is recommended. But there are medications, such as beta blockers and antiarrhythmic drugs that control the rate and the rhythm of the heart. There's also medication called anticoagulants, that prevent the risk of stroke. There are non-invasive procedures, such as, cardioversion and catheter ablation. And there's also surgical procedures that are available.

But we too have a role to play in the management of our health. And that is to limit our alcohol intake, smoking cessation, and eating a healthy diet and exercise.

18:58 – 19:28

Do you think Australians are sufficiently 'aware' of AF?

I think there's still very low levels of awareness in the general population, including the elderly, on atrial fibrillation. I think when people think of heart disease, they think of stroke or heart attack. But there's very little awareness about the various other heart conditions that exist. And that's why awareness campaigns like this is so important.

19:28 – 19:52

How well do Australians generally understand heart health?

While I think there's been improvement in education on heart health. I still think there's a long way for us to go. There's still very little awareness about the various heart conditions that exist and the role that we play in terms of being conscious of our heart health, but also improving our heart health.

19:52 – 20:11

What is your message to Australians aged 50+?

My message to Australians over the age of 50 is to be heart smart. If there's a family history of heart disease, if you're having any symptoms, or you're over the age of 50, then please go and get your heart checked.

20:11 – 20:41

What is your message to those who are experiencing any symptoms of AF?

If you are experiencing any symptoms to go and get it checked. You know sometimes we think that it's this anxiety, or we put it down to other things, such as ageing, but it could be atrial fibrillation, and the earlier that you're diagnosed, and the sooner that you're treated, then the better your clinical outcomes can be. And you can go back to enjoying a healthier, happier life.

20:41 – 21:00

To learn more about AF, what specific resource can people turn to?

if you think you could be at risk of atrial fibrillation, you can visit our website for more information, which is hearts4heart.org.au, that's 'hearts' number '4', heart.org.au.

Justine, 54

Mum-of-two, grandmother-to-eight, publisher, author, artist, coach and consultant who lived with atrial fibrillation, **GEELONG**



21:10 – 21:29

Self-introduction

I'm Justine Martin, and I live in Geelong, Victoria. I'm 54 years of age. I'm a mum of-two, a grandmother-of-eight. I'm also a publisher, an author and artist, a coach, a consultant, and I live with AF.

21:29 – 21:40

In what year and at what age were you diagnosed with atrial fibrillation or AF?

I was diagnosed with atrial fibrillation in 2013, and I was 42 years old.

21:40 – 22:12

What events led to your diagnosis with atrial fibrillation or AF?

I was diagnosed with multiple sclerosis in 2011, and I developed this butterfly feeling in my chest, which I put down to being MS. I got rushed to hospital with a really bad headache, and they put me on an ECG machine and discovered that my resting heart rate was 155 beats a minute, which then led to the diagnosis of AF.

22:12 – 22:25

What did you know about atrial fibrillation or AF pre-diagnosis?

I knew very little about AF prior to my diagnosis I thought it was something that old men got.

22:25 – 22:50

How did you feel when you were diagnosed with AF?

So my second episode of AF I was rushed to hospital with a resting heart rate of 217 beats a minute, and it was very, very scary. I'd lost the feeling in my right arm, and my hearing had gone, and the world was closing in. And it took them four hours to get me back down to 165 beats a minute.

22:50 – 23:04

Had you ever undergone any heart health tests prior to being diagnosed with AF?

Prior to being diagnosed with AF, the only heart test I'd had was at a GP and a general checkup when they put the stethoscope on your chest.

23:04 – 23:20

Please describe the initial AF symptoms you experienced that led to your diagnosis?

Tiredness. My heart was causing a flutter in my chest. I would become very dizzy when I laid down and got back up again.

23:20 – 23:59

What other AF symptoms have you have experienced and how have they compromised your health and wellbeing?

I lost the feeling of my right arm and my hearing was affected with the higher heartbeats. My tiredness escalated from it, and my quality of life suffered. I was in and out of AF all day a hundred times. I got quite used to that happening, but then I had pulsating in my neck on this side, and I lost the feeling of my right arm and my hearing was affected.

23:59 – 24:36

How did your AF diagnosis affect your mental and social wellbeing?

Living AF mentally affected me. I felt old because I thought AF was something that only old people got, and I put myself into a counsellor and sought mental health help. AF definitely affected me from a social life. I had to stop going out and partying and dancing because I just didn't have the energy or the capacity to do that when my heart was racing at such a high rate.

24:36 – 24:57

How did living with AF affect your ability to perform day-to-day activities?

I didn't have the capacity to do the household chores like I was before it. I couldn't stand and paint for a long period of time, and I struggled to have concentration on various tasks as well.

24:57 – 25:22

How did living with AF compromise your quality of life?

The overall effect of the quality of my life with living with AF went from not visiting many doctors to visiting lots of doctor's appointments and hospital appointments, having to accommodate it into my life, into my social life, and working around it.

25:22 – 25:40

Recent research shows four in five (80 per cent) Australians are unaware AF represents the leading cardiac cause of stroke. Can you reflect on this?

Prior to being diagnosed, I had no idea that AF was the leading cause of stroke. I thought it was an old person's disease.

25:40 – 25:58

What is your attitude towards heart health nowadays?

My attitude to heart health is top of the list above everything else because if your heart is not working properly, then it doesn't matter if your legs are, you've got to have a healthy heart.

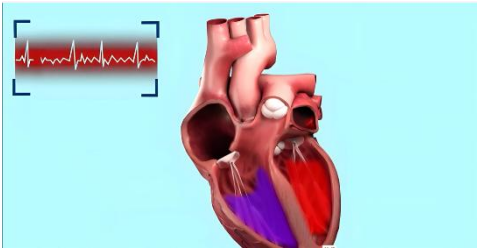
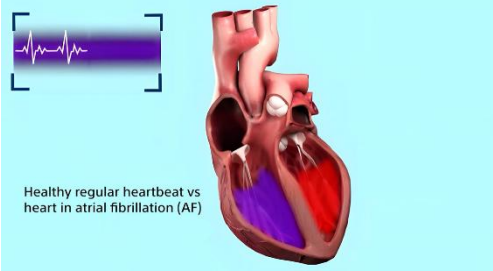
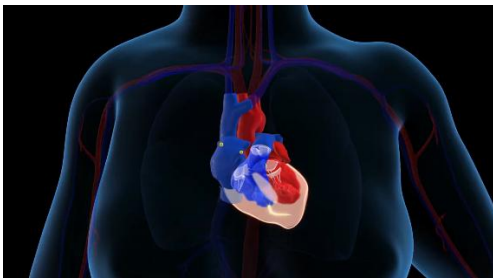
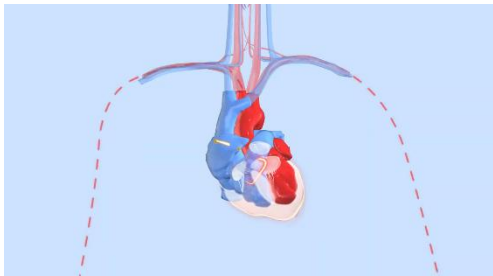

25:58 – 26:12

What is your message to Australians aged 50+ years who are living with, or at risk of developing AF?

My message to Australians 50 and over is to never self-diagnose and to never compromise your heart health.

OVERLAY

3D animations

TIME CODE	DESCRIPTION	PREVIEW
26:22 – 26:58	Atrial fibrillation animation (non letterboxed)	
26:58 – 27:34	Atrial fibrillation animation (letterboxed)	
27:34 – 27:50	Atrial fibrillation animation	
27:50 – 28:13	Animation of heart in atrial fibrillation with blood output	
28:13 – 28:25	Healthy heart versus heart in atrial fibrillation (AF)	

<p>28:25 – 28:37</p>	<p>Man speaking with medical professional about his chest discomfort</p>	
<p>28:37 – 28:50</p>	<p>A group of older people exercising to stay fit and healthy</p>	
<p>28:50 – 29:04</p>	<p>A group of older people doing yoga for stress management</p>	

Dr Tomos Walters

Cardiac Electrophysiologist, Queensland Cardiovascular Group, and St Andrew's and St Vincent's Hospitals, **BRISBANE**



29:04 – 27:11

Mid shot of Dr Walters in slow motion, looking up at camera

29:11 – 29:17

Mid shot of Dr Walters in slow motion, looking up at camera, smiling

29:17 – 29:21

Wide shot of Dr Walters walking through the Queensland Cardiovascular Group clinic towards camera (real time)

29:21 – 29:26

c/u of Dr Walters' name on signage, blurring into focus

29:26 – 29:35

Wide shot moving to mid shot of Dr Walters walking towards the camera, down a corridor in slow motion

29:35 – 29:39

c/u of Dr Walters' name on his lab coat as he enters his consulting room, blurred in background

29:39 – 29:42

Wide shot zooming into Dr Walters working at desk

29:42 – 29:45

c/u over Dr Walters' shoulder while he examines an electrocardiogram (ECG) on computer screen

29:45 – 29:49

c/u panning from behind computer; Dr Walters looking at computer screen

29:49 – 29:52

c/u of Dr Walters' hand scrolling on his mouse

29:52 – 29:55

Mid shot of Dr Walters examining an ECG on computer

29:55 – 29:57

c/u shot of model of heart and stethoscope on Dr Walters' desk

29:57 – 30:01

c/u of cardiology-related books in Dr Walters' office

30:01 – 30:04

Wide shot of Dr Walters walking with patient down corridor in clinic

30:04 – 30:08

Wide shot of Dr Walters walking with patient, towards camera and into his consulting room

30:08 – 30:19

Wide shot of Dr Walters entering consulting room with patient, sitting down and discussing her AF

30:19 – 30:28

Mid shot over Dr Walters' shoulder in consulting room with patient; seated, discussing AF

29:28 – 30:59

Mid shot over patient's shoulder in consulting room with Dr Walters, seated, chatting with patient; putting on smart watch and starting ECG of her heart

30:59 – 31:24

c/u shot of patient performing her own ECG test on her smart watch

Mid shot of Dr Walters speaking to patient while she performs an ECG on her smart watch

31:24 – 31:28

Mid shot of patient having her pulse checked by Dr Walters in consulting room

31:28 – 31:32

c/u of patient having her pulse checked by Dr Walters in consulting room

31:32 – 31:38

Mid shot of patient having a chest examination by Dr Walters in consulting room

31:38 – 31:45

c/u of patient having a chest examination by Dr Walters in consulting room

31:45 – 31:50

c/u of Dr Walters performing chest examination with stethoscope on patient

31:50 – 31:54

c/u of Dr Walters' name on lab coat with his hand in background

31:54 – 32:17

Mid shot of Dr Walters performing a blood pressure check on patient in consulting room

Dr Emily Kotschet

Cardiologist and Electrophysiologist, Holmesglen
Private Hospital and
Cabrini Hospital, **MELBOURNE**



32:17 – 32:25

Mid shot of Dr Kotschet turning to camera and smiling in slow motion

32:25 – 32:31

Mid shot of Dr Kotschet turning to camera and smiling in slow motion

32:31 – 32:35

c/u of Dr Kotschet's name on signage

32:35 – 32:43

Mid shot following Dr Kotschet and receptionist as they walk towards camera down corridor

32:43 – 32:56

Wide shot of Dr Kotschet and receptionist entering door to Melbourne Heart Care clinic and signing a document

32:56 – 32:59

Mid shot of Melbourne Heart Care clinic signage on wall

32:59 – 33:14

Wide shot of Dr Kotschet speaking with patient in consulting room

33:14 – 33:23

Mid shot of Dr Kotschet speaking with patient in consulting room

33:23 – 33:33

c/u of Dr Kotschet speaking with patient in consulting room

33:33 – 33:42

c/u of Dr Kotschet holding model of heart pointing at aorta

33:42 – 33:49

c/u of Dr Kotschet's stethoscope, hands and model of heart on desk in consulting room

Tanya Hall

CEO & Founder, hearts4heart, *PERTH*

33:49 – 33:59

Wide shot of Tanya walking in slow motion towards camera

33:59 – 34:08

Mid shot of Tanya walking in slow motion towards camera

34:08 – 34:17

Wide shot of Tanya walking and sitting down in her apartment



34:17 – 34:26

Mid shot of Tanya on phone, working

34:26 – 34:37

Mid shot of Tanya sitting down on sofa with her dog

34:37 – 34:50

Wide shot of Tanya cuddling her dog on sofa

34:50 – 35:06

Panning shot of Tanya sat at her desk working

35:06 – 35:16

c/u of computer screen as Tanya scrolls through her heart4hearts website

35:16 – 35:24

c/u of Tanya looking at her computer screen

34:24 – 35:30

c/u of computer screen and heart4hearts logo on website

Justine, 54

Mum-of-two, grandmother-to-eight, publisher,
author, artist, coach
and consultant who lived with
atrial fibrillation, **GEELONG**

35:30 – 35:38

Wide shot of Justine looking up at camera in slow motion

35:38 – 35:45

Wide shot of Justine looking up at camera in slow motion, smiling

35:45 – 35:57

c/u of Justine's art in hallway

35:57 – 36:02

Panning mid shot of Justine painting in her home studio

36:02 – 36:29

c/u of Justine painting in her home studio

36:29 – 36:55

Wide shot of Justine walking down hallway, smiling

36:55 – 37:03

Wide shot of Justine walking leaving her home with dog in tow

37:03 – 37:07

Panning mid shot of Justine crossing the road with her dog

37:07 – 37:10

c/u of dog with Justine walking through the background

37:10 – 37:15

c/u of Justine's dog walking (rear)

37:15 – 37:23

Wide angle with Justine and dog walking past camera

37:23 – 37:37

Mid shot of Justine sitting down with her dog

37:37 – 37:44

Panning shot of Justine sitting at table, flicking through magazine

37:44 – 37:51

c/u panning upwards shot of Justine flicking through magazine

37:51 – 37:57

c/u shot (rear) of Justine flicking through magazine, zooming in



ends#

For more information regarding this VNR, please contact:

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