

EVALUATION AND MANAGEMENT OF PALPITATIONS

DR. ISEKO I. ISEKO

CONSULTANT PHYSICIAN/INTERVENTIONAL CARDIOLOGIST

CARDIOCARE MULTISPECIALTY HOSPITAL, ABUJA- NIGERIA.

8th Abuja Cardiovascular Symposium 2024



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Who are we?

- A **SUPPORT AND REFERENCE** hospital
- For Internal and Cardiovascular Medicine Specialties and Subspecialties
- Propagate Healthcare Delivery and Training
- Aim to **Reverse Medical Tourism**
- Flagship specialty Hospital of Limi Hospitals **originally founded 1982**
- Opened July 2016



OBJECTIVES

- Understand the definition
- Know the possible etiologies
- How to assess the patient
- How to manage palpitations

INTRODUCTION

- Common and nonspecific symptom
- Often benign in origin but also the most common symptom of a life-threatening arrhythmia
- This sensation can be either intermittent or sustained and either regular or irregular
 1. Palpitation does NOT mean heart disease
 2. The degree of palpitation does not equal the severity of the heart disease



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INTRODUCTION- DEFINITION



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Reversing Medical Tourism

VARIOUS DEFINITIONS AND DESCRIPTIONS

1. Rapid pulsations
2. Abnormally rapid or irregular beating of the heart
3. Perception of a skipped beat or rapid fluttering in the chest
4. Pounding sensation in the chest or neck
5. Uncomfortable awareness of one's own heartbeat or undue awareness of heart action

INTRODUCTION

- **16% of OPD visits**
 - Represents 5.8/1000 ER visits
 - Admission rate of 25%
- **3rd common complaint presenting to cardiologists**
 - After chest pain and shortness of breath, and hypertension
- **43% are cardiac in nature**
 - In a study of 190 people with chief complaint of palpitation
Weber BE, Kapoor WN. Evaluation and outcomes of patients with palpitations. Am J Med 1996;100(2):138–48.

Palpitation is due to

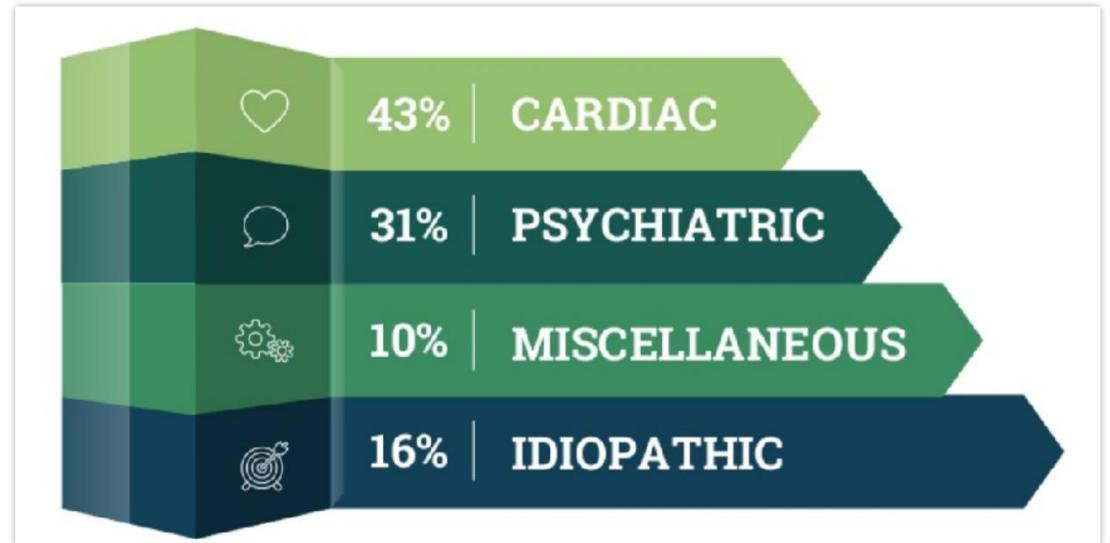
1. Alteration in heart rate e.g: sinus tachycardia & bradycardia
2. Alteration in heart rhythm (+/- rate) Eg: Atrial fibrillation
3. Alteration of subjective assessment, eg: anxiety states
4. Augmentation of myocardial contraction Eg: anxiety states & drugs
 - a. **Physiological Augmentation:** exercise, caffeine, tea, alcohol, aminophylline, ephedrine

Introduction

- Cardiac catheterization procedures in the dedicated catheterization laboratory (cathlab) are apparently at an infantile stage in Nigeria.
- The cardiac cathlab is invaluable in the practice of Cardiology as its use is the **gold standard** for diagnosis and treatment of many cardiovascular conditions.
- In Northern Nigeria, **two prior indigenous cathlab installations had been reported**, one public and one private which had become non-functional.
- However, since 2015 there has reportedly been **no functional indigenous cardiac cathlab in the entire Northern Nigeria**.

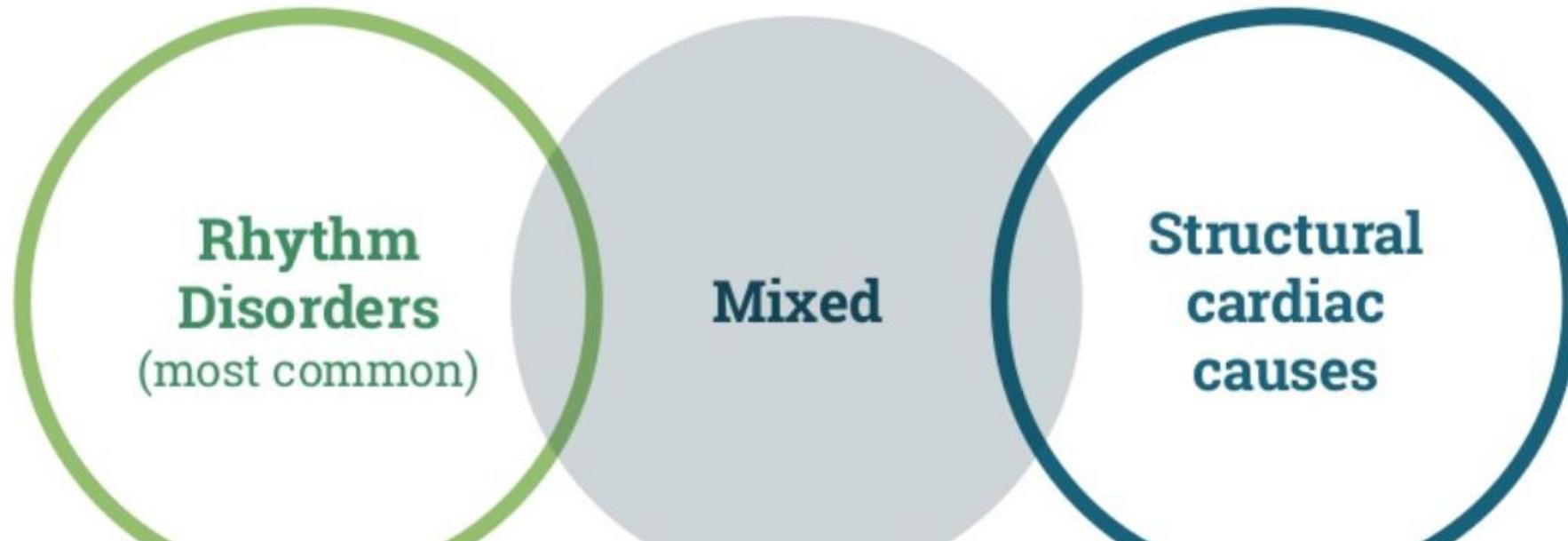
CAUSES OF PALPITATIONS

- Weber BE, Kapoor WN. Evaluation and outcomes of patients with palpitations. Am J Med 1996;100(2):138–48.





CARDIAC CAUSES (43 %)



CARDIAC CAUSES

▪ Independent Predictors of Cardiac Etiology of Palpitation

- ✓ Male sex
- ✓ Description of an irregular heartbeat
- ✓ History of heart disease
- ✓ Event duration >5 minutes
- ✓ 1 predictor : 26% 2 predictors: 48% 3 predictors: 71%

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CARDIAC CAUSES

RHYTHM DISORDERS

- Premature contractions (PAC, PVC)
- Atrial fibrillation
- Atrial flutter
- Supraventricular tachycardia (SVT)
- Ventricular tachycardia (VT)
- Wolff-Parkinson-White syndrome (WPW)
- Ectopics (extrasystole)
- Sick sinus syndrome (SSS)
- Bradycardias (heart blocks)

NON-ARRHYTHMIC CARDIAC CAUSES

- Systemic hypertension
- Mitral valve prolapse
- LVOT obstruction (atrial stenosis, HOCM)
- Aortic insufficiency
- RV dysfunction (PE, ASD, VSD)
- Myocarditis, Pericarditis
- Atrial myxoma

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PSYCHIATRIC CAUSES

- Panic attacks
- Anxiety states
- Somatization
- Depression
- Patients with psychiatric causes for palpitations more commonly report:
 - a longer duration of sensation >15min,
 - younger & disabled
 - multiplicity of symptoms than do patients with other causes
 - with more visits to ER

MISCELLANEOUS CAUSES

- Hyperkinetic circulatory states :
 - Anaemia , Fever , Thyrotoxicosis , Hypoglycemia , Pheochromocytoma
- Drugs :
 - Aminophylline , Atropine , Thyroxine , Tricyclic antidepressants , Vasodilators , Digitalis
- Others :
 - Caffeine , Cocaine , Amphetamines , Tobacco , Ethanol

CAUSES(CONT.)

- Spontaneous skeletal muscle contractions of the chest wall
- Systemic mastocytosis
- Physiological : exertion , excitement , pregnancy
- Neurocirculatory asthenia or Da costa's syndrome or Effort syndrome or Soldier's heart
- Vaso-vagal attack
- Panic/Anxiety Disorder and Cardiac Arrhythmias are not mutually exclusive and could co-exist- ALWAYS complete a full cardiac evaluation

EVALUATION

1. Principal goal in assessing patients with palpitations is to **determine if the symptom is caused by a life-threatening arrhythmia**

- Remember:

“All palpitations are not arrhythmias and many arrhythmias do not palpitate”

EVALUATION cont'd

2. Reduce possible risks other than the direct effects of the arrhythmia (eg, reduce stroke in patients with atrial fibrillation).
3. Does the patient require urgent hospitalization?
4. Is specialist consultation required, and if so, how urgently?

EVALUATION cont'd

APPROACH



Introduction

- Beyond service to the Nigerian populace, Cardiocare as an indigenous cathlab practice and Cardiovascular Hospital has provided avenues for:
 - Local research
 - Local training and exposure of medical professionals
 - Reversing of medical tourism (>\$2billion dollars annually)
 - Improvement of related Healthcare economics- staffing & employment, development of the healthcare value chain

HISTORY

- Character
- Mode of onset
- Mode of termination
- Precipitation
- Associated symptoms
- Relief with vagal maneuver
- Family History

HISTORY (1)

- Age of onset
- Is it true palpitation or some other symptom simulating it?
 - Chest discomfort or dyspnea can be confused for palpitation
- Physiologic
 - e.g. after running, sexual activity, etc
- More when alone and quiet with thoughts?
- Does it interrupt activities, wake from sleep?

HISTORY (2)

- Is it paroxysmal or persistent?
- If paroxysmal, what is mode of onset and offset?
- ✓ Abrupt onset +/- abrupt termination – usually an SVT, VT, or sick sinus syn.
- ✓ Gradual onset +/- gradual termination – usually other benign causes, sinus tachycardia
- Any relief with vagal maneuvers? – usually an SVT
- Does it worsen at night? – usually ectopic beats

Who is Cardiocare Multispecialty Hospital?



Northern Nigeria's **pioneer standalone Institution** wholly dedicated to comprehensive **Cardiovascular and Internal Medicine**.

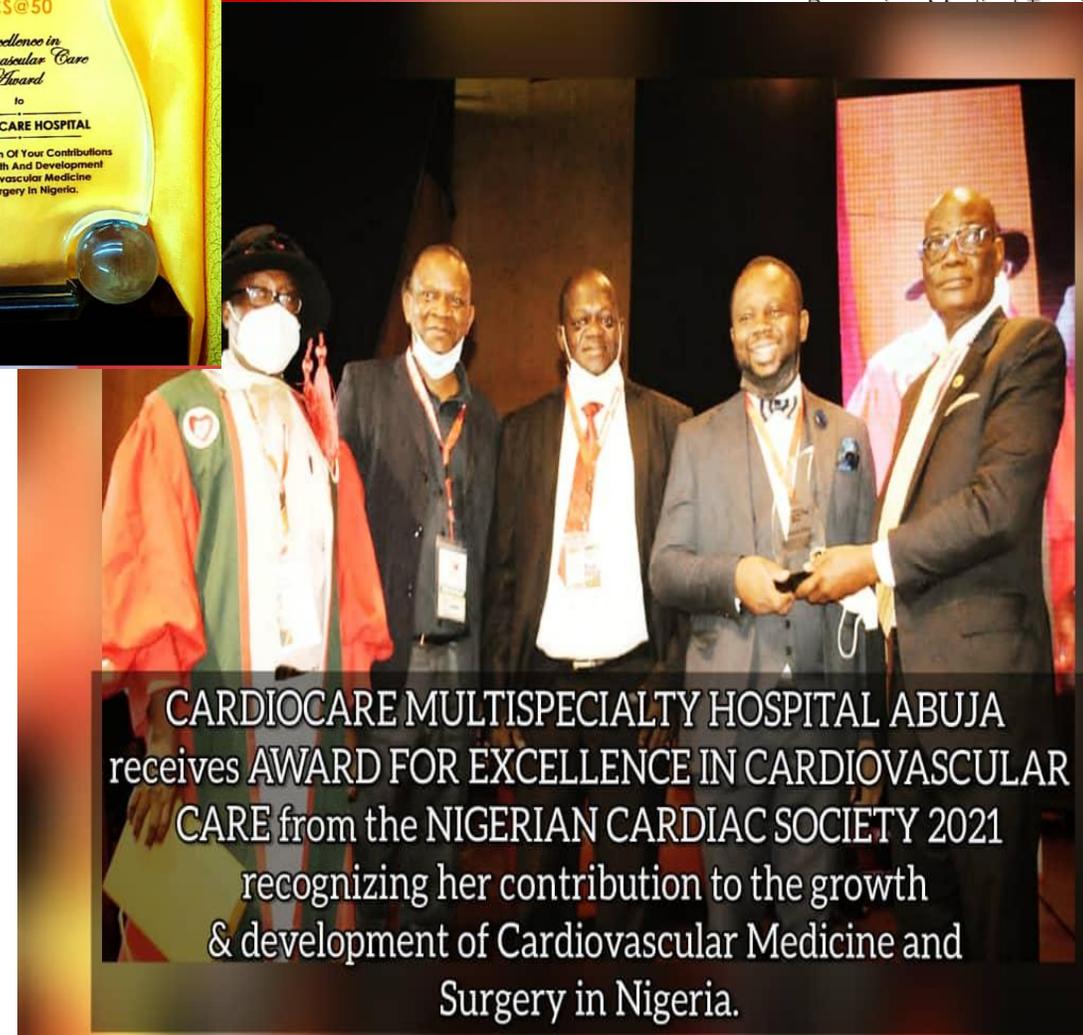
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CARDIOCARE MULTISPECIALTY HOSPITAL ABUJA receives AWARD FOR EXCELLENCE IN CARDIOVASCULAR CARE from the NIGERIAN CARDIAC SOCIETY 2021 recognizing her contribution to the growth & development of Cardiovascular Medicine and Surgery in Nigeria.

HISTORY (3)

CHARACTER

- Flip-flopping” (start & stop), missing a beat, thump in the heart – premature contractions i.e. PVC
- Rapid regular “racing” or “fluttering” in the chest – sinus tachycardia, SVT, VT
- Rapid irregular “fluttering” or “jumping about” – sustained VT , SVT – regular AVNRT, irregular- atrial fibrillation, tachycardia with variable block

■ Pounding in the chest + hyperdynamic circulation

HISTORY (4)

FEATURE	SUGGESTS
HEART MISSES AND THUMPS	ECTOPIC BEATS
WORSE AT REST	ECTOPIC BEATS
VERY FAST REGULAR	SVT / VT
SUDDEN ONSET	SVT / VT
OFFSET WITH VAGAL MANOEUVRES	SVT
FAST AND IRREGULAR	AF and ATRIAL FLUTTER with varying block
FORCEFUL AND REGULAR – NOT FAST	AWARENESS OF SINUS RHYTHM (ANXIETY)
SEVERE DIZZINESS OR SYNCOPE	VT or BRADYARRHYTHMIAS
PRE-EXISTING HEART FAILURE	VT

HISTORY (5)

RADIATION

- Does the palpitation radiate into the neck?
 - AV nodal tachycardias
 - Simultaneous contraction of both atria and ventricles cause reflux of blood into superior vena cava)
 - PVCs, CHB also cause atrio-ventricular dissociation,
 - resulting in pounding sensations in the neck and
 - often a finding of “cannon” A waves in JVP that occur when right atria contracts against a closed tricuspid valve

Abuja Cardiovascular Symposia- Five (8) so far.



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Reversing Medical Tourism

- Over 750 participants from over 30 states
- Trained in **PRIMARY CARDIOVASCULAR SKILLS-mainly**
 - ECG interpretation,
 - Basic Management of Diabetes, Hypertension, Acute coronary syndromes, etc
 - Basic Life Support
- **10 CME points & Certificate**



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HISTORY (6)

ASSOCIATED SYMPTOMS

- **Syncope** – low C.O in arrhythmias (VT) or bradycardia, hypoglycemia
- **Dyspnea (before palpitation)** – acute MI or PE, valvular dysfunction
- **Dyspnea (after palpitation)** – heart failure due to arrhythmias (i.e. VT)
- **Chest pain (before palpitation)** – acute MI or PE
- **Chest pain (after palpitation)** – angina due to palpitation (i.e AS)

HISTORY (7)

ASSOCIATED SYMPTOMS

- **Polyuria** – atrial fib. / flutter, SVT (release of atrial natriuretic peptide)
- **Sweating** – acute MI, hypoglycemia, anxiety, thyrotoxicosis
- **Diarrhea** – hypokalemia, thyrotoxicosis
- **Melena, heavy menstrual bleeding** – anemia
- **Heat intolerance, weight loss, increased appetite** – thyrotoxicosis

PAST HISTORY

- **Any known heart disease?** - IHD, RHD, valvular disorders, cardiomyopathy, heart failure
- **Any other known conditions?** - Pregnancy, fever, anemia, hyperthyroidism, asthma
- **Any recent drug intake, caffeine and alcohol consumption?** - Sympathomimetics i.e beta agonists used by asthmatics
- **Family history of sudden cardiac death?** - Palpitations is a symptom of many common conditions

National Interventional Cardiology Symposium- One (1)



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- 41 attendees from:
 - Lagos=3, Benin=1, Kano=3, Katsina=3, Sokoto=5
 - Enugu=3, Gombe= 5, Jos=5, Kebbi=4, FCT= 8



EXAMINATION-VITALS

- **Bradycardia** – Vasovagal syncope, heart blocks
- **Tachycardia** – MAT, SVT, VT, AVNT, atrial flutter, anxiety, MI, PE
- **Hypotension** – Vasovagal syncope, SVT, VT
- **Bounding pulse** – SVT, anemia, dehydration, hypoglycemia
- **Irregular pulse** – atrial fibrillation, ectopic “skip beats” (PVC)
- **Pyrexia** – thyrotoxicosis, infections, rheumatic fever, PE.

EXAMINATION



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- Pallor – Anemia
- Goitre, exophthalmos, fine tremors – Thyrotoxicosis
- Raised JVP – SVT, AVNT, PVC, atrial flutter, PE
- Murmurs – valvular disorders
- Other: S3 gallop (HF), S4 (LVH), loud P2 (PE), bibasal fine rales (HF), bipedal edema (HF), calf tenderness (PE)

INVESTIGATIONS

- 12 Lead Resting ECG –
- Ambulatory (Holter) ECG- 24-96hrs
- Blood sugar profile
- Serum electrolytes esp Ca, Mg, PO4
- CBC
- Screening Thyroid Function Tests

Our Experience

- A total of **1000 procedures** were carried out on 847 patients over the last 5 years
- Male to female ratio of **4.4:2**,
- Mean age of **59.0 (+/- 12.4)** years
- Of the patients,
 - 32 (10.6%) were partially financed through discounts, sponsorships, and donations from:
 - Cardiocare/Limi Hospitals
 - Nigerian Cardiovascular Education Foundation

INVESTIGATIONS (2)

- Thyroid function tests -Thyrotoxicosis
- Cardiac biomarkers – Suspected MI
- D-dimer – suspected PE
- Echocardiography- structural heart disease
- Treadmill exercise testing for palpitations precipitated by exercise

INVESTIGATION- ECG



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Sinus rhythm ECG markers of arrhythmia ¹	
Electrocardiographic sign	Implication/consideration
Pre-excitation/delta wave	WPW – AVRT
Left atrial enlargement, frequent PACs, sinus bradycardia	Atrial fibrillation
Left ventricular hypertrophy	Atrial fibrillation, ventricular tachycardia
Frequent PVCs	Ventricular tachycardia
Q waves	Ischaemic heart disease – atrial fibrillation, ventricular tachycardia
Widespread T wave inversion across precordial leads, LVH, Q waves and ST-segment changes	Hypertrophic cardiomyopathy – risk of atrial fibrillation, ventricular tachycardia
Long or short QT interval, Brugada pattern, early repolarisation pattern	Genetic arrhythmia syndromes – risk of sudden cardiac death
Inverted T waves or Epsilon waves across right precordial leads (V1–V3)*	ARVC – risk of sudden cardiac death

INVESTIGATION- ECG



Table 2. Ambulatory ECG monitoring: Choice of investigation

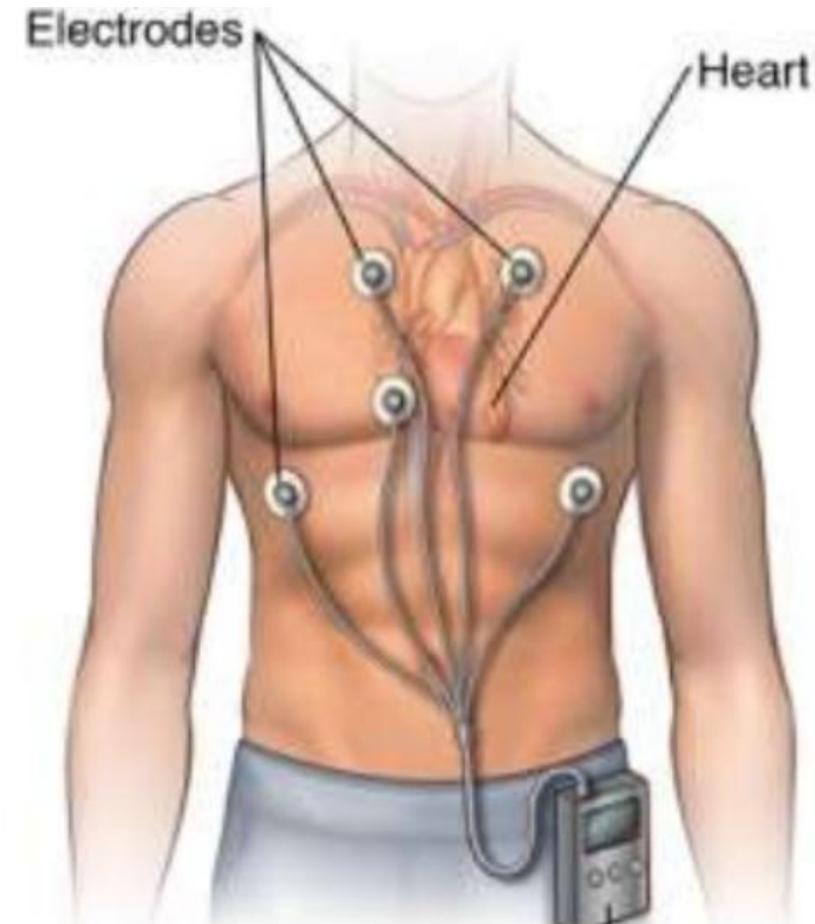
Investigation	Investigation of choice: symptom frequency	Advantages	Disadvantages
12-lead ECG	-	Readily available Inexpensive	Rarely performed during arrhythmia
24-48 hour Holter monitor	Daily to every second day	Usually available Does not require activation: asymptomatic arrhythmia can be detected	Low yield other than for daily arrhythmias
Loop/event recorder (range of 1-4 weeks) Loop/event recorder for one week	Weekly-monthly	Increased yield and cost effectiveness (versus Holter)	Most units only record ECG if patient triggered; not useful for asymptomatic arrhythmia or syncope Generally only one-week recorders available Patient discomfort for longer-term monitoring
Implantable loop recorder	Months to year/s	High yield Long-term monitoring approximately three years Automatic bradycardia/ tachycardia storage plus patient-triggered episodes	Cost Not available in all centres Currently only approved for diagnosis of syncope or cryptogenic stroke
Handheld ECG	Months to year	High yield Permanently available to patient	Cost to patient Time for activation of device before arrhythmia termination

Holter result



HOLTER MONITORING

- Helpful, if palpitation is **paroxysmal** and occurs on a regular basis
- Electrodes with a monitoring device are attached to the patient for a **1 to 14 days**
- Patient is asked to continue and record his activities in a diary
- Rhythm strips are then analyzed



Our Experience- Coronary

- The predominant procedures were:
 - 233 (51.3%) diagnostic coronary angiographies
 - 90 (19.8%) percutaneous interventions



External and implantable loop recorder



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45x7x4mm



62x19x8mm



56x19x8mm

Implantable loop recorder



- ILR is a small device that is implanted under the chest skin.
- Helpful if palpitations are paroxysmal but not very regular to be captured by Holter.
- It records and stores heart activity as ECG and has battery life over several years.
- Patients are instructed to activate the recorder whenever palpitations are felt and visit the physician.



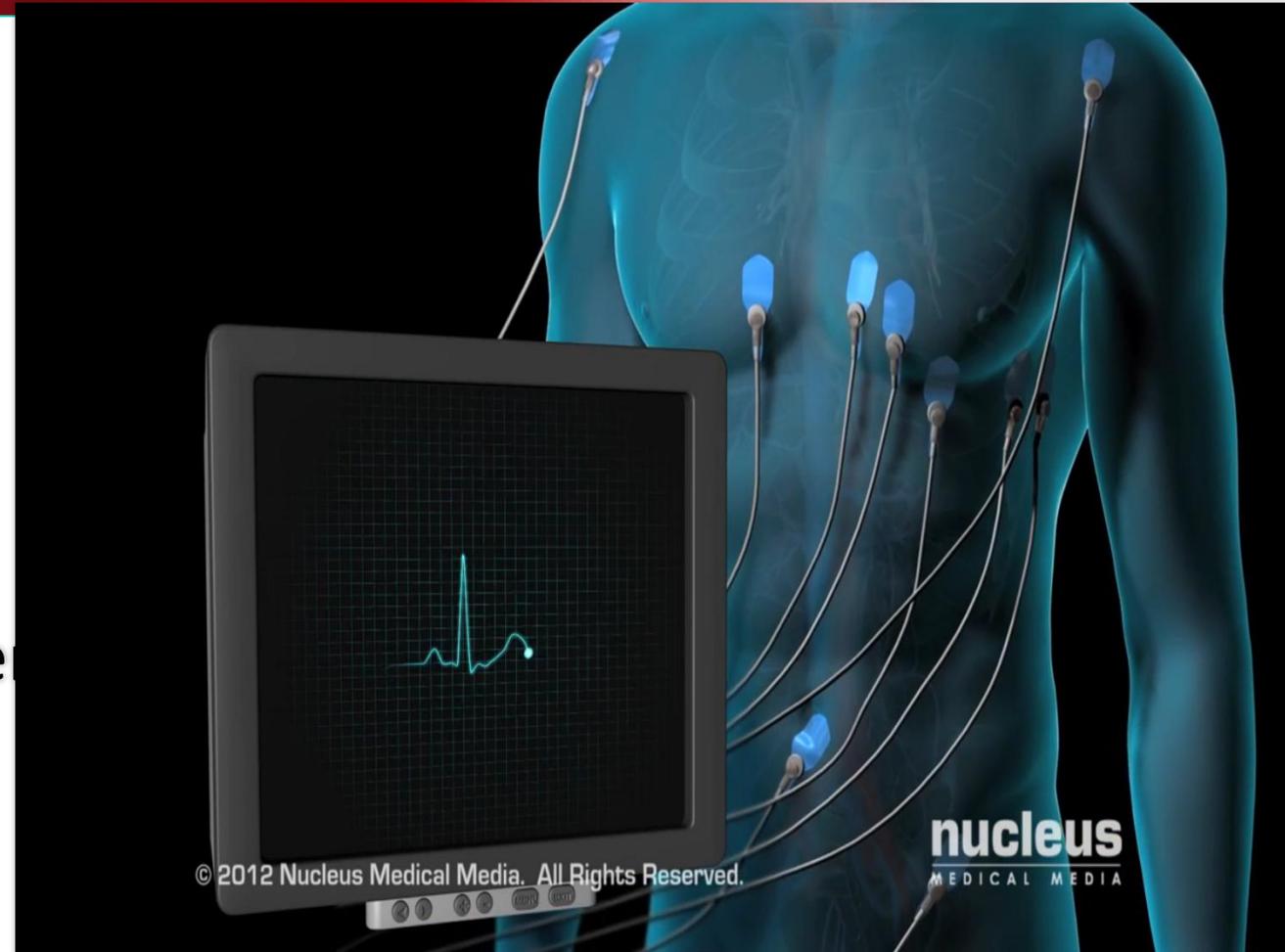
Our Experience- Cardiac Devices



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- 43 (9.5%) permanent cardiac devices consisting of:
 - 20 (4.4%) Pacemakers,
 - 14 (3.1%) Cardiac resynchronization devices, and
 - 9 (2.0%) implantable cardioverter defibrillators.



Loop Recorder Insertion



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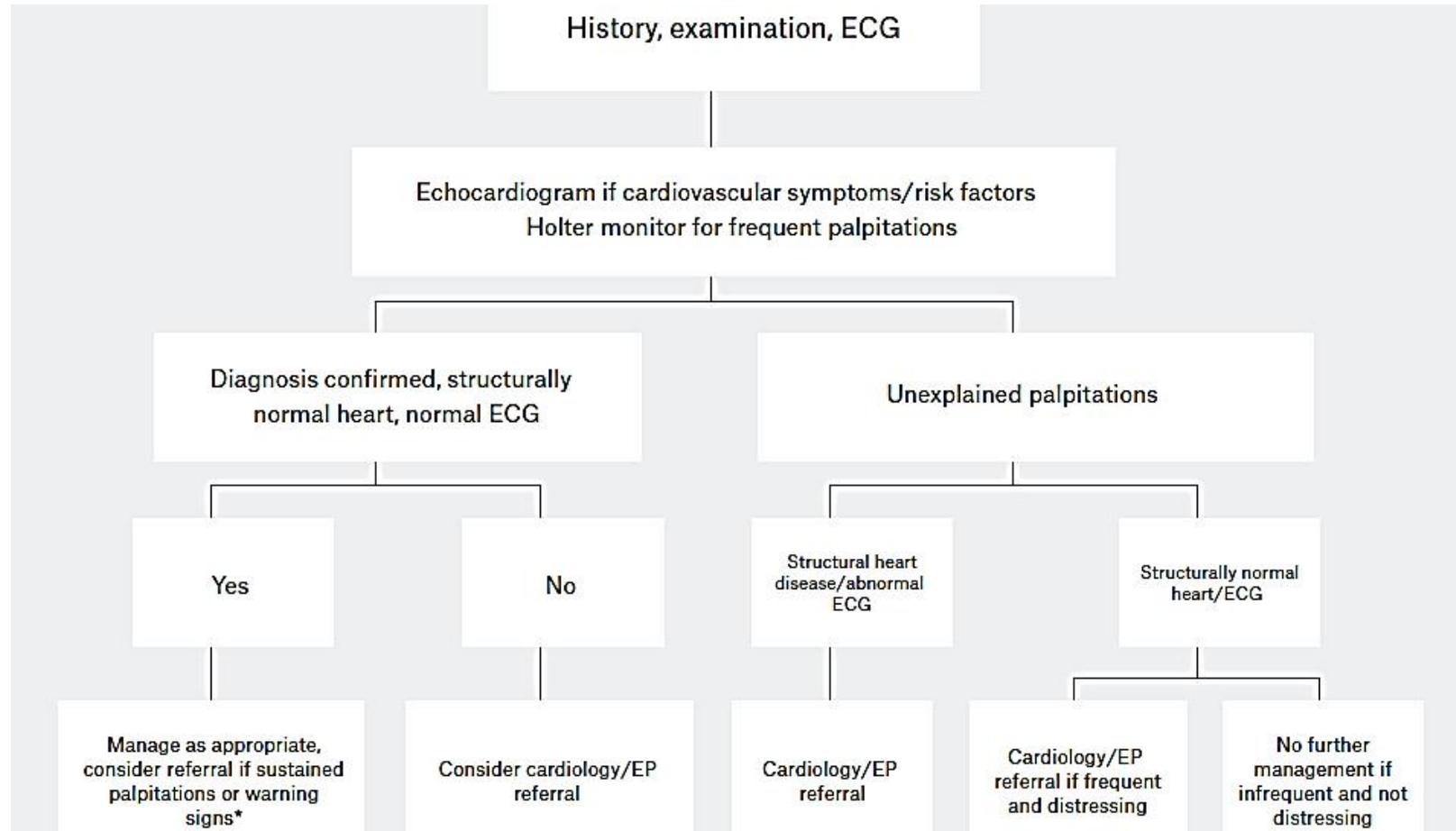
- The loop recorder was inserted
- The Medtronic LINQ loop recorder was inserted into the left fourth medial intercostal space under local anesthesia.
- The wound was closed with Vicryl sutures.



Loop Recorder Case

- The patient was discharged home same day with no complications noted
 - was advised to follow-up with his cardiologist in 1 week.
 - To report to the hospital if he noticed any symptoms for interrogation of recorder
- Follow up findings of the patient.
 - Mobitz 2, Ventricular ectopics, Complete heart block

SUMMARY



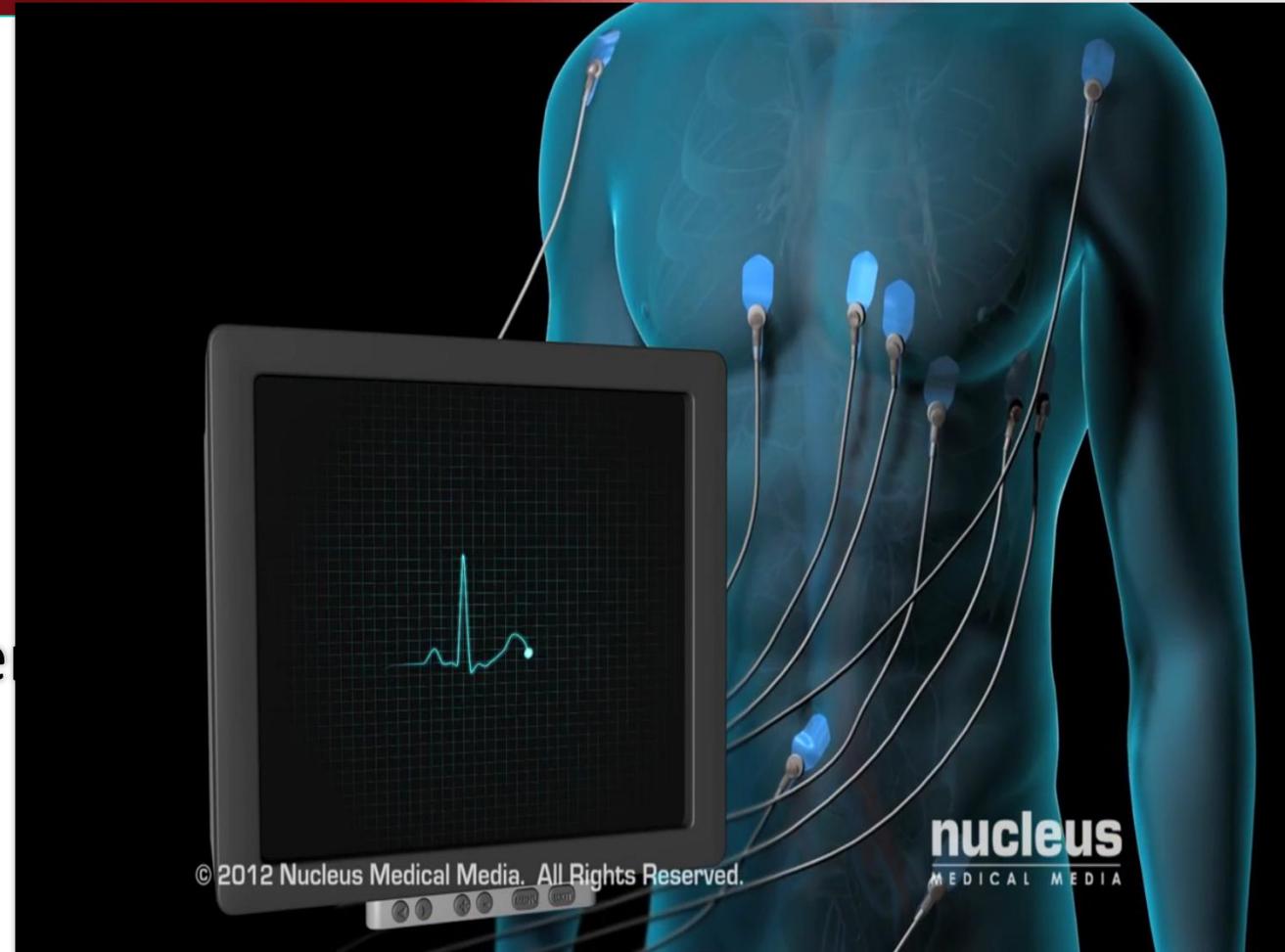
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CARDIOCARE PALPITATION ALGORITHM



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PRESENTING WITH PALPITATIONS?

1. Take History, Perform Physical Examination and Get a 12-lead ECG

2. Full Blood Count, Chemistry + Ca. Mg., TSH, & Screen for drugs where appropriate

3. Echocardiography and/or Holter ECG (if structural disease is suspected or abnormal ECG)

4b. Structural Disease suspected or confirmed.
(Refer to Cardiocare Hospital or other Cardiologist)

4a. Extracardiac Cause Diagnosed

5a. Holter Monitoring
If Daily Palpitations

5b. Event Monitoring for 2 weeks
If Palpitations are less than Daily

7a. Treat anxiety, thyroid issues, drug use, etc

6a. Palpitations during Normal Sinus Rhythm

6b. Premature Ventricular Contractions

6c. Non-Ventricular Arrhythmia

6d. Ventricular Arrhythmia

Lown's Grade 1-2

Lown's Grade 3-5

7b. Reassure EXCEPT structural disease is present that compels treatment

7c. Treat with Appropriate Medications
(Refer to Cardiocare Hospital/Cardiologist)

8. Consider Device Therapy (Pacemaker, ICDs or CRTs) if criteria is reached and sudden death risk is

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Referral. Who?

- Patients with frequent or persistent arrhythmia
- Significant associated symptoms: Presyncope/syncope, lightheadedness, breathlessness, chest pain.
- Family history of recurrent syncope or of sudden death
- Structural Heart Disease on Echocardiography
- Significant ECG or Echo abnormalities:
 - Short PR interval or delta wave, T wave abnormalities, Q waves, long QT interval, short QT interval, Brugada pattern, repolarization changes etc

MANAGEMENT



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- Re-assurance- after excluding fatal causes
- Lifestyle modification
- Correction of co-morbid diseases
- Anxiolytics
- Beta-blockers and Anti-arrhythmic drugs
- Electrical cardioversion
- Psychiatric causes of palpitations may benefit from cognitive or

Indications for permanent pacing



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- In bradycardia caused by reversible etiologies, permanent pacing is not warranted.
- The **indication for pacing is based on the severity of bradycardia** rather than its etiology.
- Symptomatic sinus bradycardia as a result of medical therapy is an indication for permanent pacing if there are no alternative treatment options.
- Typically from:
 1. Sinus Node Dysfunction
 2. AV Block

REFERENCES

- Kroenke K, Arrington ME, Mangelsdroff AD. The prevalence of symptoms in medical outpatients and the adequacy of therapy. Arch Intern Med 1990;150: 1685–9.
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- Zimetbaum P, Josephson ME. Evaluation of patients with palpitations. New Engl J Med 1998;338:1369–73.

How can you Partner and Refer?

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- 2. Participatory Patient Management with referring Doctors**
- 3. Detailed correspondences to referring doctors**
- 4. Inclusive case discussions (where necessary)**
- 5. Back referral (where indicated)**
- 6. MOUs, Partnerships, and PPPs available**
- 7. Priority in Annual Symposia & Monthly Training Webinars**



How we often choose Pacemakers?



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- Dual Chamber (Atrium & Vent)
 - Second degree or Third-degree AV block
 - Potential AV block now or in future
- Consider CRT-P if QRS is also prolonged and heart failure criteria for CRT
- Single Chamber Ventricular Pacemaker
 - Chronic AF when no AV may not be needed

THANK YOU (19)

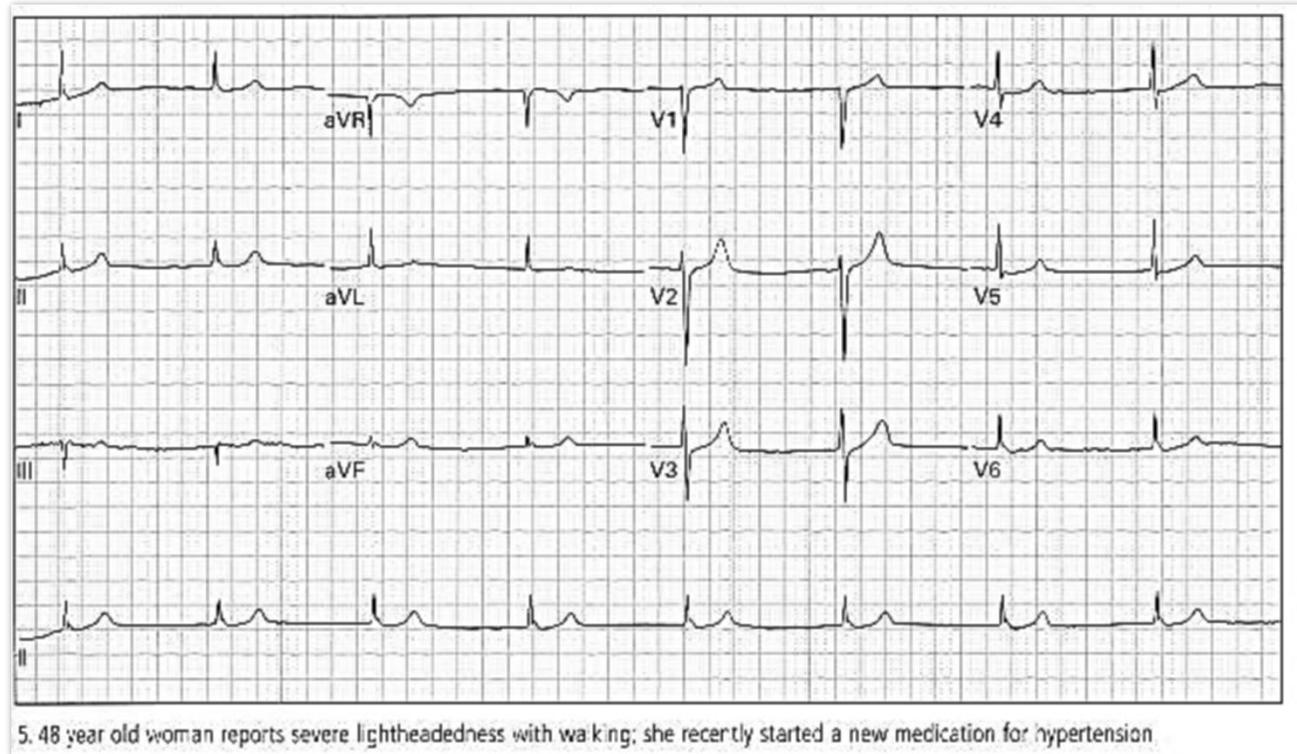
1. What is the most common cause of Palpitations?2
2. Which Arrhythmias respond to Valsalva Maneuvers?2
3. List the 4 Principles of Evaluating Palpitations?4
4. All guests with palpitations should have Holter ECG? True or False2
5. List symptoms that may indicate more serious aetiology of palpitations4
6. What are the three major pathophysiologic mechanisms of arrhythmias?3

8. What ECG abnormality is causing this guest's palpitations?



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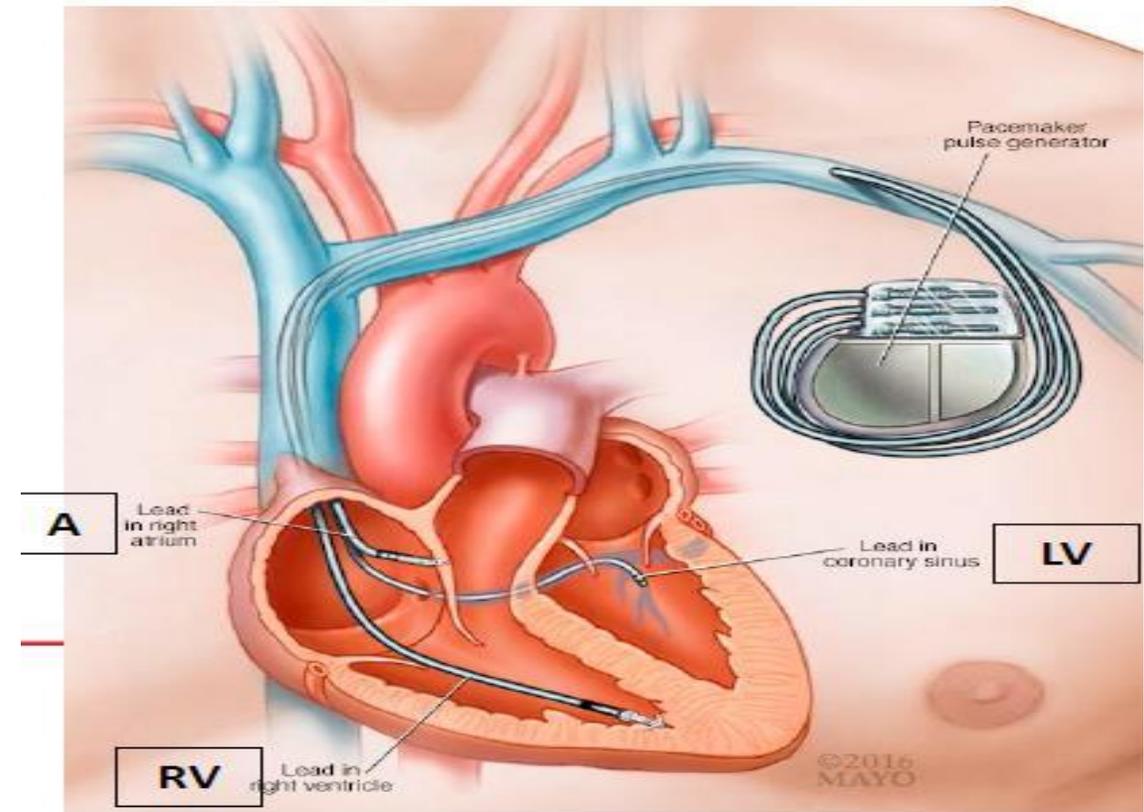
Common Indications for Cardiac Resynchronization Therapy (CRT)



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- After Optimal Medical Therapy for at least 3/12, symptomatic HF (NYHA ≥ 2) and $<EF < 35\%$
 - LBBB and a QRS duration ≥ 150 ms (1A), and a class I indication (LoE B)
 - LBBB and a QRS width of 130–149 ms (1B)
 - QRS complex ≥ 150 ms and non-LBBB (class 2a)
 - QRS complex 130-149ms and non-LBBB (class 2b)

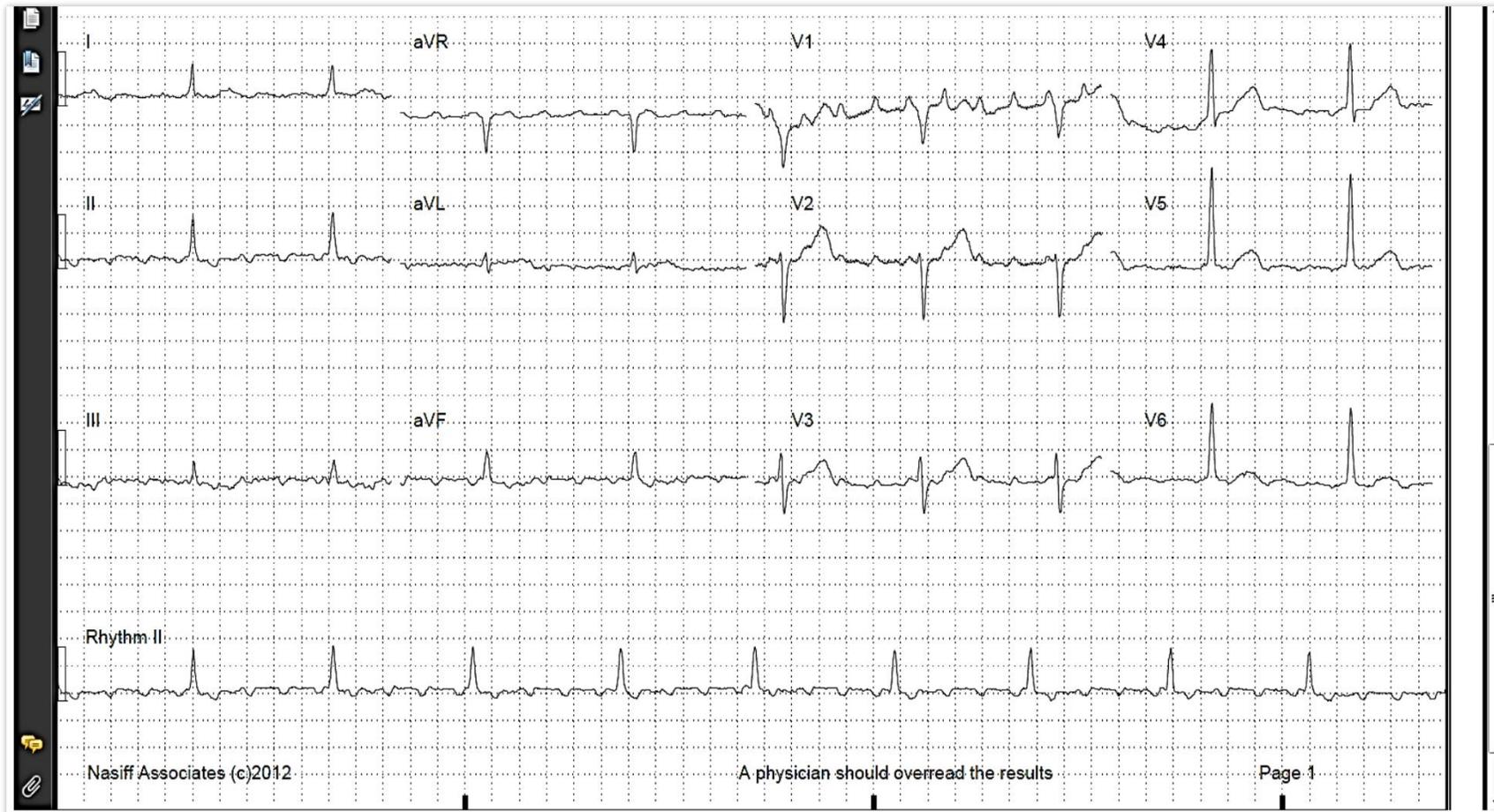


9. What ECG abnormality is causing this guest's palpitations?



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