Palpitations

A Nuisance or a Real Concern?

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Disclosure

I have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.

Learning Objectives

1. Describe the prevalence of palpitations in the general population.
2. Explain the physiology behind ectopic beats.
3. Differentiate between the most common types of ectopic beats (e.g., PACs vs. PVCs).
4. Identify common causes of palpitations.
5. List the resources UnitedHealthcare (UHC) offers to members experiencing palpitations.

Palpitations –What Are They?

Palpitations –What Are They?

- The cause is
- Palpitations a g arrhythmia
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  - irregular be
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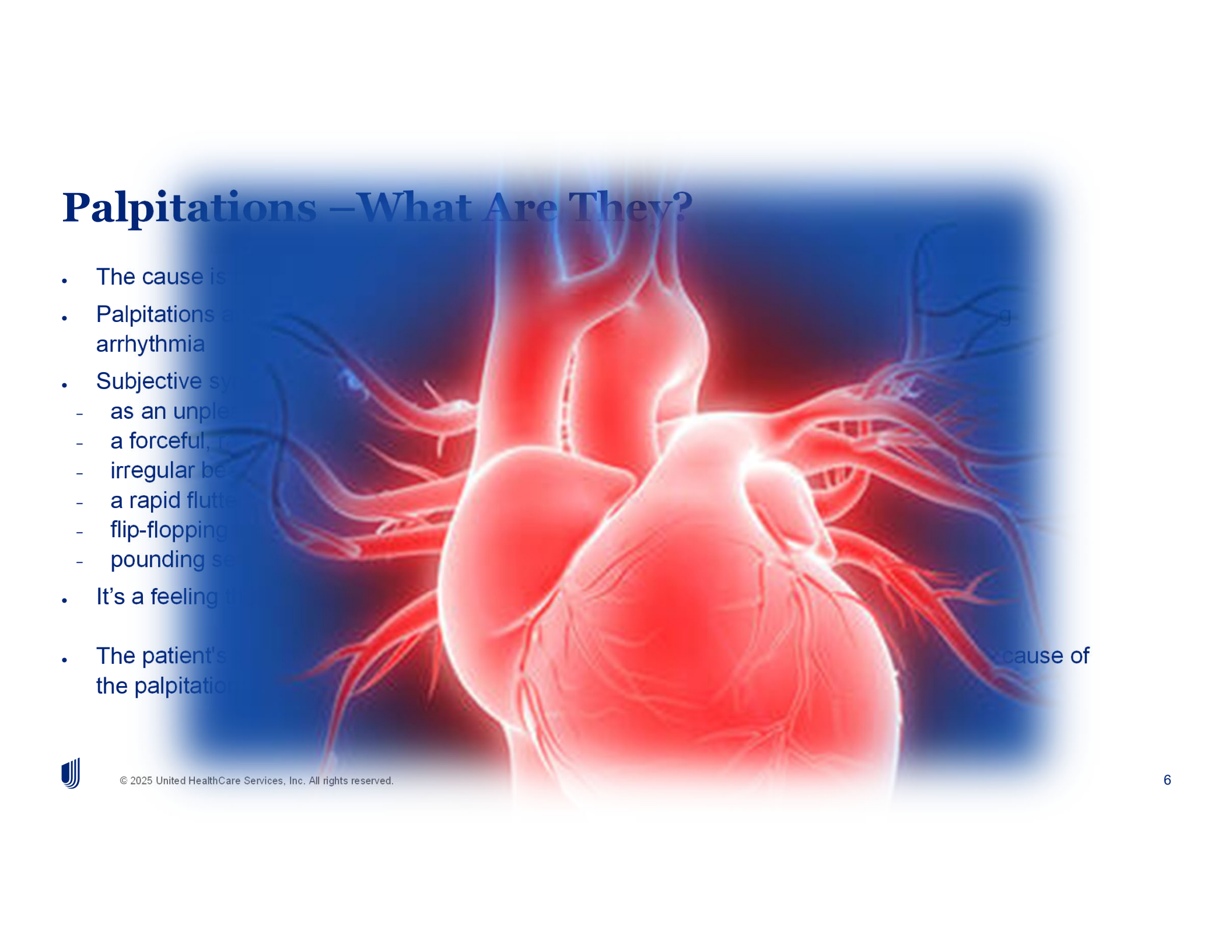
  - flip-flopping
  - pounding se
- It's a feeling th
- The patient's cause of the palpitatio



The Prevalence of Palpitations

- One stu ons
- Anothe
- Most c ause)
- More c

Case Study

Case Study

54-year-old woman with palpitations for 2 weeks

Physiology of Palpitations

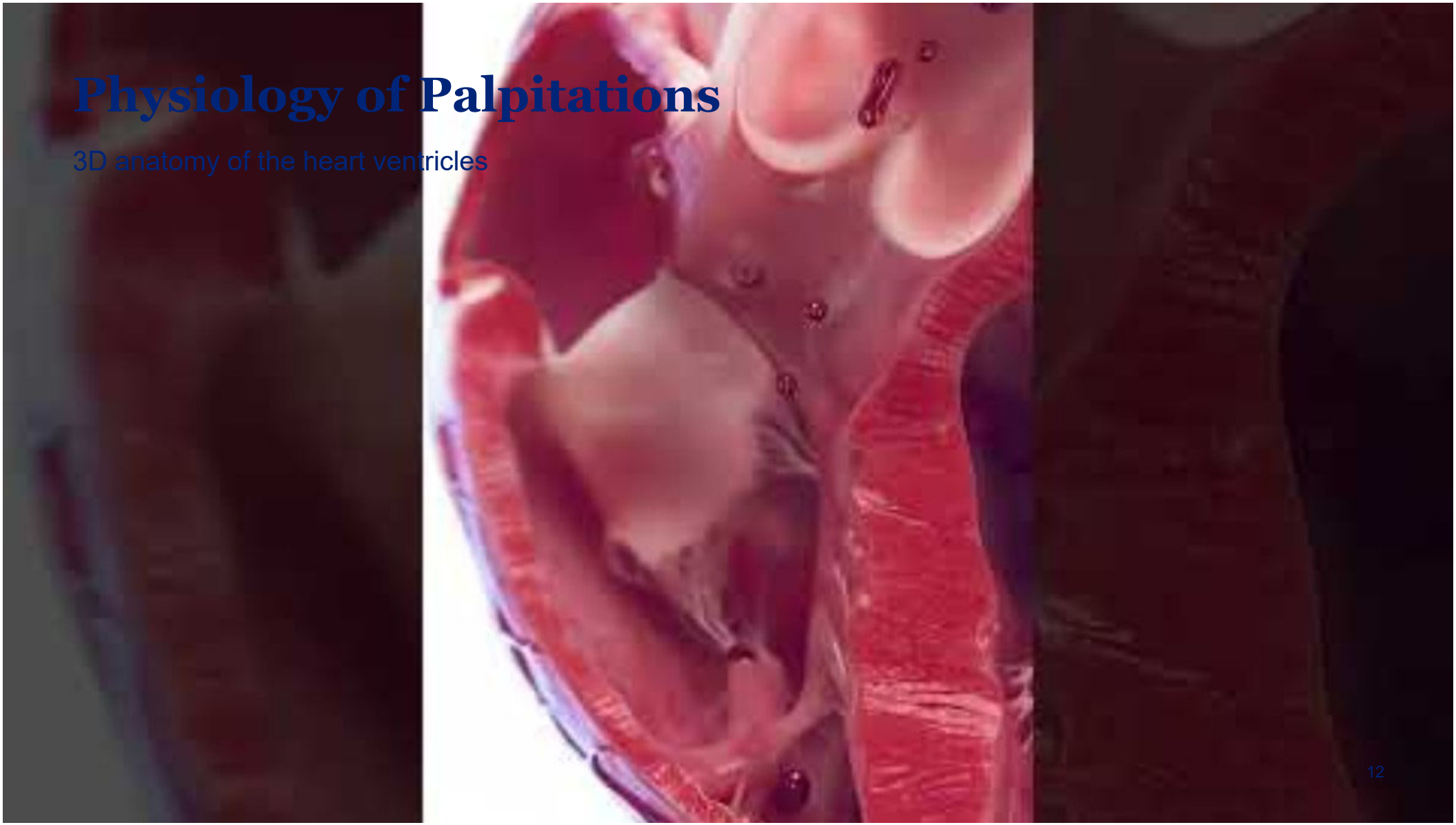
The heart conduction system – SA Node

Physiology of Palpitations

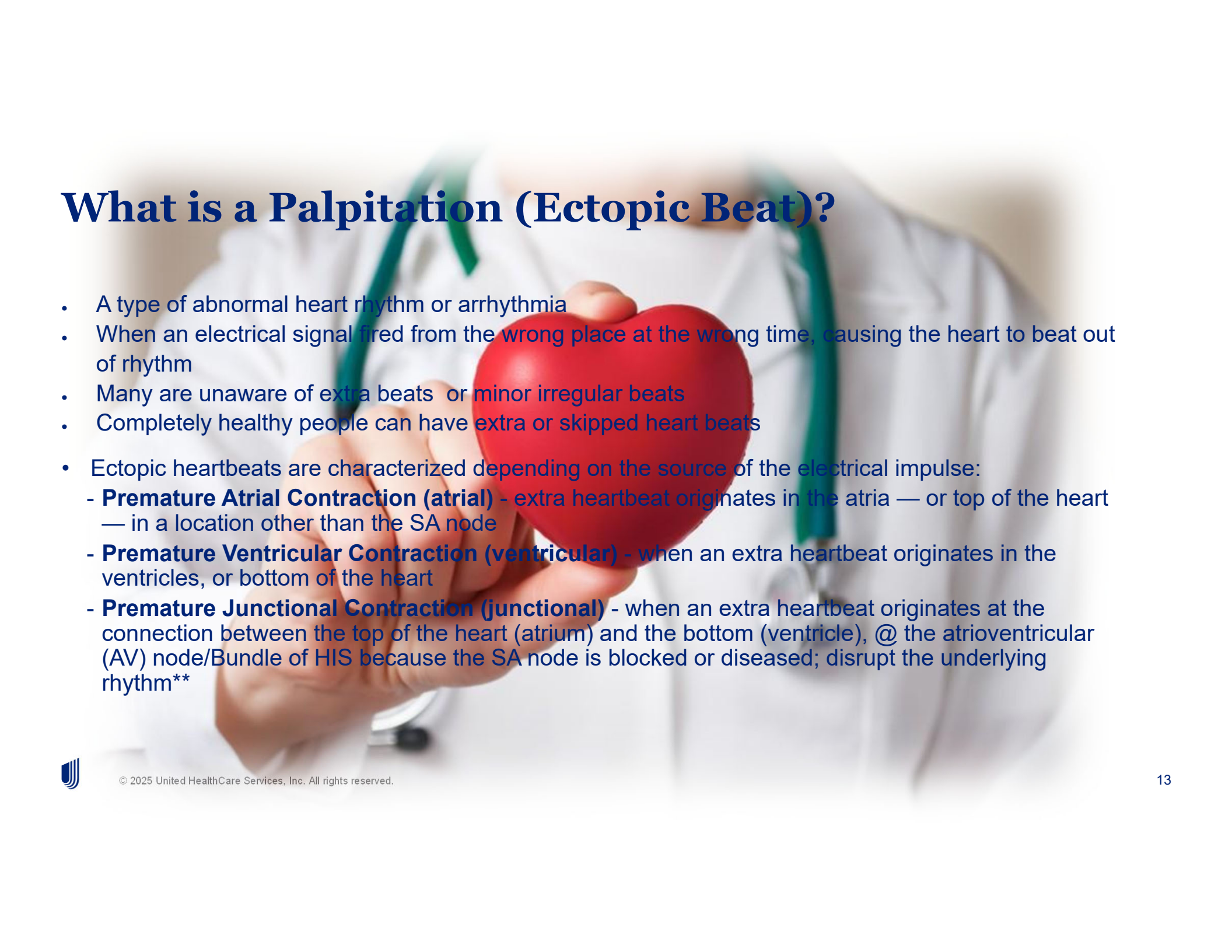
The electrical system of the heart

Physiology of Palpitations

3D anatomy of the heart ventricles



What is a Palpitation (Ectopic Beat)?



- A type of abnormal heart rhythm or arrhythmia
- When an electrical signal fired from the wrong place at the wrong time, causing the heart to beat out of rhythm
- Many are unaware of extra beats or minor irregular beats
- Completely healthy people can have extra or skipped heart beats

- Ectopic heartbeats are characterized depending on the source of the electrical impulse:
  - **Premature Atrial Contraction (atrial)** - extra heartbeat originates in the atria — or top of the heart — in a location other than the SA node
  - **Premature Ventricular Contraction (ventricular)** - when an extra heartbeat originates in the ventricles, or bottom of the heart
  - **Premature Junctional Contraction (junctional)** - when an extra heartbeat originates at the connection between the top of the heart (atrium) and the bottom (ventricle), @ the atrioventricular (AV) node/Bundle of HIS because the SA node is blocked or diseased; disrupt the underlying rhythm**

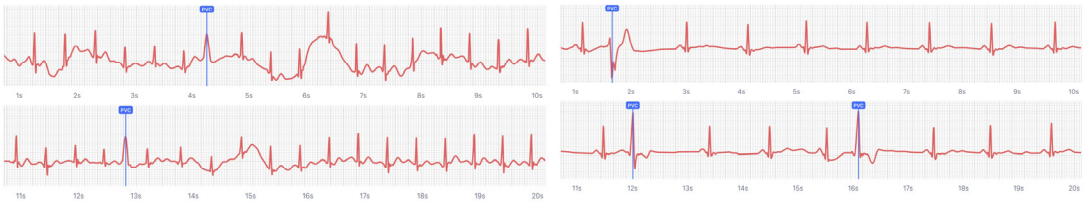
What is a Palpitation (Ectopic Beat)?

1. PAC

PAC -The hallmark of a PAC is a premature P wave observed before the next expected normal beat. This premature P wave usually has a different shape. a normal-looking QRS complex follows most PACs. Finally, PACs cause the natural pacemaker to "reset," which results in a longer interval before the next normal beat.

2. PVC

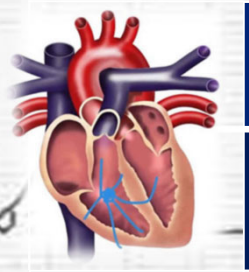
PVC - QRS complex of the PVC beat is typically wider than that of a normal beat. Also, PVCs interfere with the normal sinus rhythm by coming in before the next anticipated beat. Finally, you'll notice that there's no P wave before the QRS complex of a PVC beat. **Unifocal PVCs** look identical in appearance, and they originate from a single ectopic site.. **Multifocal PVCs**, on the other hand, arise from two or more ventricular sites. They also have different QRS shapes.



3. PJC

PJC -To identify a PJC, look for a premature QRS complex that shows up before the next expected normal beat. The P wave is either absent or upside down, and you'll usually see it after the beginning of the QRS complex. Additionally, the QRS complex will look similar in shape to that of a normal beat.

What is a Palpitation (Ectopic Beat)?



	AGE		DURATION		ABRUPTNESS – ONSET & RESOLUTION		RATE & RHYTHM	
	YOUNG	OLDER	SHORT – LIVED	SUSTAINED, MINUTES	RANDOM, EPISODIC	GRADUAL ONSET (MANY DON'T FEEL)	RAPID & REGULAR	IRREGULAR, RAPID (FLUTTERING)
PAC	SVT	PSVT, ST, PAF, AFlutter	Isolated PAC	SVT, PSVT	SVT **Can be self terminated by carotid massage/Vagal maneuvers*		SVT, PSVT, ST, AVNRT* **Can be self terminated by carotid massage/vagal*	PAfib, Aflutter, ST w variable block
PVC	Idiopathic VT, Torsades de Pointes d/t cong long QT syn	Vent Arrhythmia	Isolated PVC	VT	VT		VT	Sustained VT
PJC – less common (*most have heart failure /other heart condition)	Young children or athletes with increased vagal tone	Adults w eg. SSS, Dix tox etc.	PJC, recurring	Possible 'run of PJC'	Sudden onset, lasts minutes to hrs, terminate abruptly			PJC – i

What Causes Palpitations?

Possible Causes of Heart Palpitations

- Caffeine
- Nicotine
- Stress and anxiety
- Dehydration
- Panic or fear
- Electrolyte or hormonal imbalances
- Anemia

Possible Causes of Heart Palpitations

Causes of PJC

- Chest trauma
- Sick Sinus syndrome
- Radiation therapy
- Rheumatologic ds (Collagen vascular ds)
- Infectious ds (Lyme ds, Rheumatic fever,)
- Myocarditis, pericarditis
- Medications (Clonidine, Reserpine, Adenosine, Cimetidine, Lithium, amitriptyline, Antiarrhythmic class I-IV, Beta blockers, CA Channel blockers, Digoxin**, Ivabradine, Opioids, Isoproterenol..)
- Cannabinoids
- Hypothyroidism
- Sleep apnea
- Hyperkalemia
- Amyloidosis
- Cardiac Ds (Ischemic Heart ds, Acute MI, Acute/Chronic CAD, Repair of Cong, heart ds, inherited channelopathy,)
- Genetic conditions (Neuromuscular ds, X-linked MD, Familial disorder)
- Carotid sinus hypersensitivity, vasovagal stimulation (e.g. endotracheal suctioning)

Causes of PAC, PVCs

- Any of the causes listed and…
- Decongestants
- Alcohol use (acute use, chronic or withdrawal)
- Supplements (Bitter orange, Elderberry, Ephedra, Hawthorne, Guarana, Valerian, and many others)
- Marijuana, amphetamines, cocaine
- Hypoglycemia

None of these ‘causes’ are exclusive to nor conclusive of only PAC, PVC or PJC

Risk Factors

- Older age
- Past and current smoking
- Sedentary lifestyle
- Overweight
- Hypertension, heart disease, thyroid and comorbi
- Genetic factors

Case Study

Case Study

54-year-old woman with palpitations, fatigue, no chest pain for 2 weeks

HX:

- 1 yr hx of ER+ breast cancer on Tamoxifen 20 mg/d
- Hypothyroidism on Methimazole 30 mg/d, which she stopped
- HTN on Telmisartan 40 mg/d
- Chronic Allergies, occasionally takes OTC remedies

Social HX:

- Stressed, feels anxious often, denies depression
- Bank teller, sedentary job
- Stopped smoking 25 years ago, consumes alcohol occasionally, no illicit drugs

PE:

- HR 118, BP129/78; Height: 5’6”; Weight: 168 lbs.; BMI: 27.3 (nl 18.5-24.9)
- Lungs clear, no lymphedema

LABS/EKG

- CBC; Lytes – no abnormality; EKG – irregularly irregular

Case Study

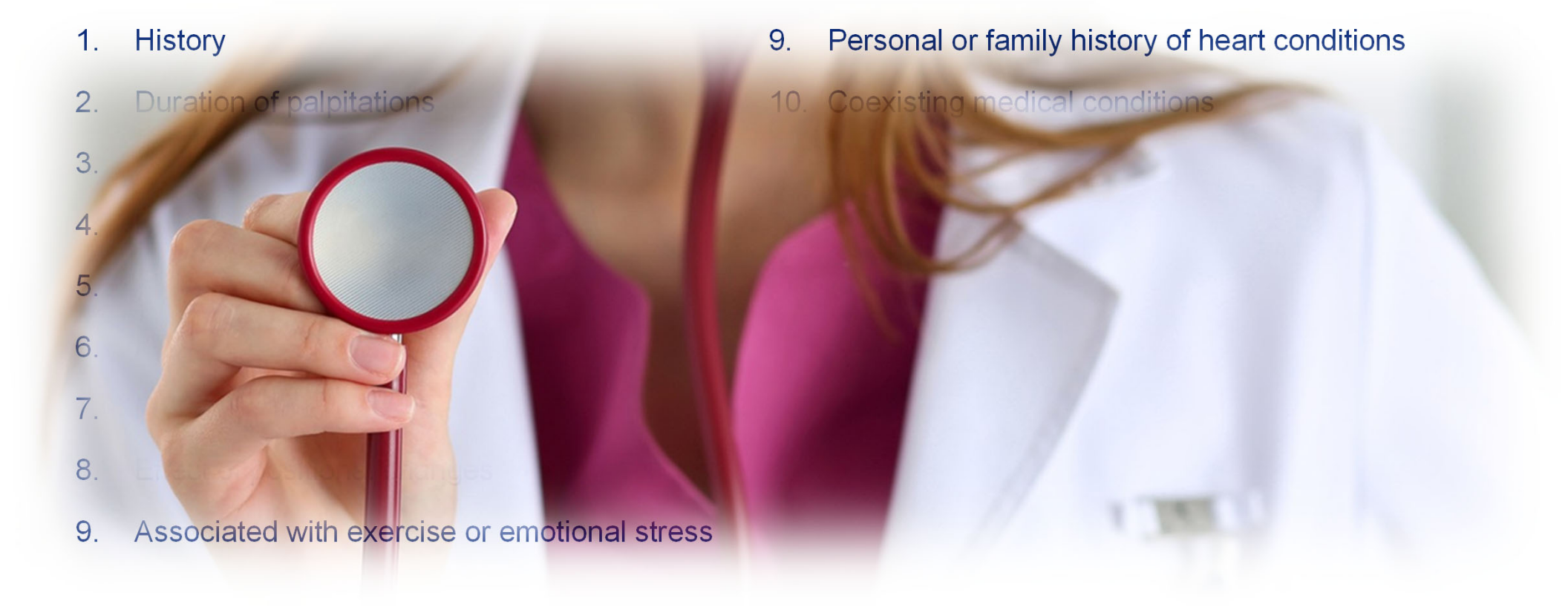
54-year-old woman with palpitations, fatigue, no chest pain for 2 weeks

- What in the history are you concerned about?
- What are the risk factors?
- What would be your first suggestions?

How are Palpitations Evaluated?

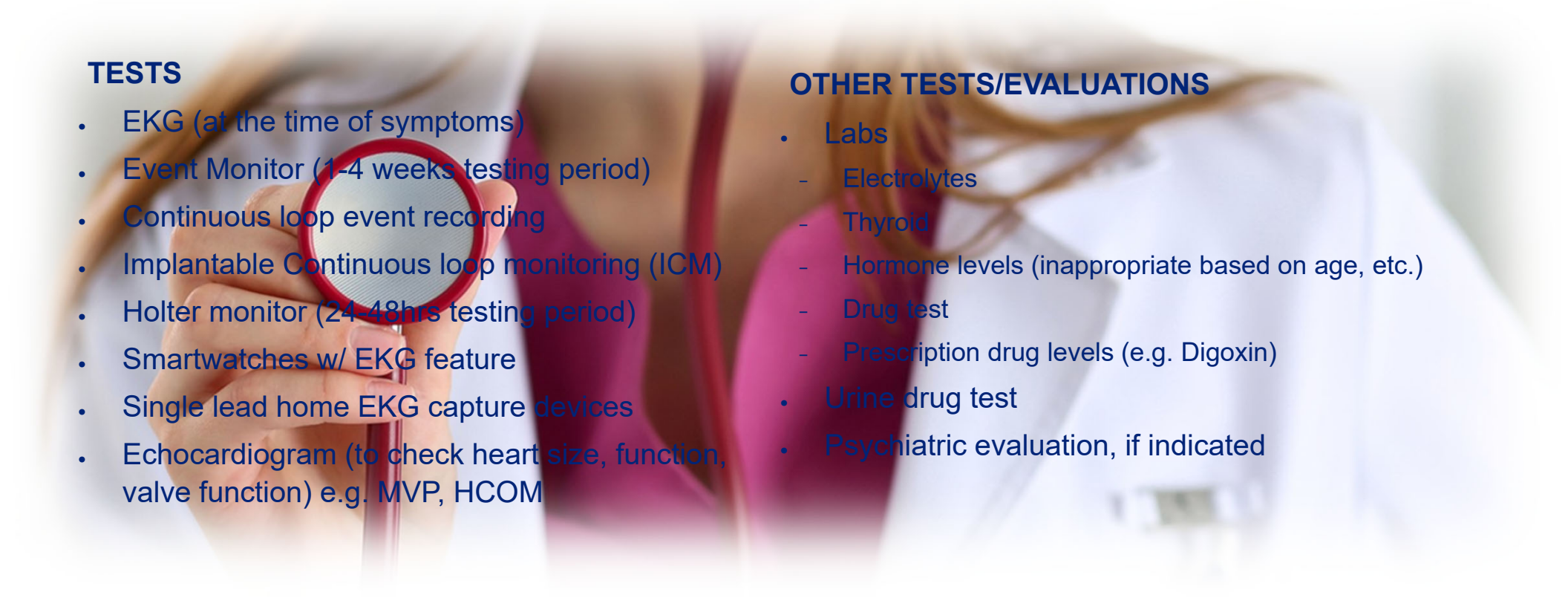
What To Consider When Evaluating Palpitations?

1. History
2. Duration of palpitations
3.
4.
5.
6.
7.
8.
9. Associated with exercise or emotional stress
9. Personal or family history of heart conditions
10. Coexisting medical conditions



What To Consider When Evaluating Palpitations?

The key is to identify the heart rhythm at the same time the patient experiences palpitations.



TESTS

- EKG (at the time of symptoms)
- Event Monitor (1-4 weeks testing period)
- Continuous loop event recording
- Implantable Continuous loop monitoring (ICM)
- Holter monitor (24-48hrs testing period)
- Smartwatches w/ EKG feature
- Single lead home EKG capture devices
- Echocardiogram (to check heart size, function, valve function) e.g. MVP, HCOM

OTHER TESTS/EVALUATIONS

- Labs
  - Electrolytes
  - Thyroid
  - Hormone levels (inappropriate based on age, etc.)
  - Drug test
  - Prescription drug levels (e.g. Digoxin)
- Urine drug test
- Psychiatric evaluation, if indicated

Suggested Treatments or Management?

Need to Treat?

- Step 1 – Try to identify the source and eliminate all potential contributors
- Step 2 – Testing
- Step 3 – Determine who to treat
  - Normal heart, low burden of ectopy > treatment not required
  - Abnormal heart, low burden of ectopy > treatment considered
  - Normal heart, high burden of ectopy > treatment considered
  - Abnormal heart, high burden of ectopy > treatment strongly recommended

	Low burden ectopy	High burden ectopy (>10%)
Normal heart	No treatment	Treatment* considered
Abnormal heart	Treatment* considered	Treatment strongly recommended

Treatment

- **Medications** (assuming they are not the cause)
  - Beta Blockers (B1 & B2 – Timolol, Nadolol, Propranolol, Toprol, Atenolol; B1 selective – Bisoprolol, esmolol, metoprolol, Atenolol at low dose)
  - Calcium Blockers w Chronotropic features (Verapamil/verelan/Calan, Diltiazem/Cardizem/Tiazac)
  - Sodium Channel blockers (Antiarrhythmics e.g., Amiodarone Procainamide, Flecainide, Mexiletine etc.)
  - Potassium Channel blockers (Amiodarone, Sotalol etc.)
  - Anticoagulation (w/ Afib, reduces est. risk of stroke by 60-80% compared to placebo)

- **Intervention**
  - Electrophysiology studies - reserved for patients whose ambulatory rhythm monitoring is unrevealing, especially those with sustained or poorly tolerated palpitations or a high pretest likelihood of a serious arrhythmia (e.g., patients with structural heart disease)
  - Catheter Ablation – 1st line therapy if symptomatic HFrEF
  - Cardioversion
  - Psychiatric disorder treatment – prioritize if Dx is confirmed or refer to Behavioral medicine

Consequences of Not Treating?

- PVC-induced cardiomyopathy (enlarged floppy heart) and heart failure
- Syncope with or without secondary accidents/trauma (fracture hip, trauma to head, etc.)
- Increased risk of strokes - especially due to atrial arrhythmias
- Development of more serious arrhythmias (Atrial Fibrillation V.tach)

OR

- ***Reassurance*** *if* benign nature – For patients whose palpitations are associated with a normal initial evaluation and documented sinus rhythm on ambulatory rhythm monitoring

  - Suggest: Monitor their palpitations for an increase in frequency, severity, or development of any associated symptoms as these may be indications for repeat or further evaluation

Case Study

Case Study

Case Study

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When to Call the Doctor or 9-1-1?

When to Call the Doctor or 9-1-1?

Consult the doctor or call 9-1-1 if your palpitations are:

- Accompanied by chest pain, dizziness, shortness of breath or fainting
- Persist for an extended period of time (more than a few minutes)
- Worsening or occurring more frequently over time
- You are at high risk of developing heart disease
- You have an existing heart issue, including heart disease

(The Methodist Hospital – Houston)

Service Coordinator or Nurse Intervention?

Service Coordinator or Nurse Intervention?

1. Brief history to determine acuity review:
   - When sx started, duration of sx, duration of each episode
   - 🚩🚩Red flags – syncope/presyncope, chest pains, dizziness/lightheadedness > **Send to ER**
2. Medication review:
   - Any new meds, new supplements, OTC meds; review med necessity/need and pros/cons
   - Did they stop/start new or change a medication?
3. Habits and /or Illicit drug use review:
   - Smoking – Nicotine/marijuana or other, cocaine, etc. - refer for behavioral health intervention
4. Nutrition:
   - Ask about fluid intake especially if on diuretics or on dialysis; consider AC functionality, etc; consider nutritionist – refer to cardiologist for fluid balance review
5. Hormonal status:
   - Based on age, inquire about use (or not using) hormones; Premenopausal and menopausal women may consider hormone replacement if safe- refer to discuss w PCP/gyn, etc.; pregnant women – refer to discuss w gyn; taking testosterone - refer to review w PCP

Service Coordinator or Nurse Intervention?

- MCO interventions & resources that could help alleviate sx, reduce anxiety or conditions
  - Minor home modifications
  - Adaptive aids, e.g. AC unit
  - Value-added services, e.g. water bottle, journal
  - Contracted Vendor monitoring
  - Share information, e.g. videos (Wolters Kluwer Health) on Palpitations
  - Make journal of actions/activities when palpitations occur
  - Check blood sugar/finger stick to exclude hypoglycemia
  - Check I-watches/devices for reports/recordings
- Assistance with Urgent appointment scheduling with INN Specialists & communication with PCP
- Consider Behavioral health consult > presented as a tool to help control palpitations (i.e. anxiety)
  - Consider performing screening tools eg GAD-2, GAD-7, PHQ-9

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Q&A