

Clinical Approach to Patients with Palpitations



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KEYWORDS

• Palpitations • Diagnosis • Prognosis • Ambulatory ECG monitoring • Electrophysiological study

KEY POINTS

- Palpitations are among the most common symptoms that prompt patients to consult their general practitioner, cardiologist, or emergency health care services.
- The current management of patients with palpitations, despite extensive, costly, and time-consuming investigations, sometimes fails to establish a diagnosis.
- Prolonged ambulatory electrocardiogram monitoring serves to document the cardiac rhythm during palpitations when symptoms are paroxysmal and short lasting.
- Patients with palpitations rarely need to be hospitalized for exclusively diagnostic purposes, because invasive investigations, such as electrophysiological study and hemodynamic study, are rarely necessary.

INTRODUCTION

Palpitations are among the most common symptoms that prompt patients to consult their general practitioner, cardiologist, or emergency health care services. Very often, however, the diagnostic and therapeutic management of this symptom proves to be poorly efficacious and somewhat frustrating for both the patient and the physician. Indeed, in many cases a definitive, or at least probable, diagnosis of the cause of the palpitations is not reached, and no specific therapy is initiated. Therefore, many patients continue to suffer recurrences of their symptoms, which impair their quality of life and mental balance, leading to the potential risk of adverse clinical events and prompt continual recourse to health care facilities.

These difficulties stem from the fact that the palpitations are generally a transitory symptom. Indeed, at the moment of clinical evaluation, the patient is almost always asymptomatic and the diagnostic evaluation is based only on the search

for pathologic conditions that may be responsible for the symptom.

DEFINITION AND PHYSIOPATHOLOGY

Palpitations are defined as an unpleasant perception of the heartbeat and are described by patients as a disagreeable sensation of throbbing or movement in the chest and/or adjacent areas. Indeed, in normal resting conditions, the activity of the heart is not generally perceived by the individual. However, during intense physical activity or emotional stress, it may be quite normal to become aware of one's own cardiac activity for brief periods; these sensations are regarded as physiologic palpitations, in that they represent the normal subjective perception of an increase in the frequency and strength of the contraction of the heart. Outside of such situations, instead, palpitations are considered to be pathologic.^{1–5}

The mechanisms underlying palpitations are somewhat heterogeneous: contractions of the

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heart that are too rapid, irregular, or particularly slow, as in cardiac rhythm disorders or in sinus tachycardia secondary to mental disturbance, systemic diseases, or the use of pharmaceutical drugs; very intense contractions and anomalous movements of the heart in the chest, as in the case of some structural heart diseases associated with cardiomegaly and/or increased stroke volume; and anomalies in the subjective perception of the heartbeat, whereby a sinus rhythm, sinus tachycardia, or minimal irregularities in the cardiac rhythm are felt by the patient and are poorly tolerated, as in the case of some psychiatric disorders.¹⁻⁷

Clinical Presentation

Duration and frequency of palpitations

With regard to duration, palpitations may be either paroxysmal or persistent. In paroxysmal forms, the symptom terminates spontaneously within a period of time ranging from a few seconds to several hours. In persistent forms, the palpitations are ongoing and terminate only after adequate medical treatment. With regard to frequency, palpitations may occur daily, weekly, or monthly.

Types of palpitations

Patients use a wide range of sensations to describe their symptoms. The most common descriptions, and those most useful in clinical practice in differential diagnoses among the various causes of palpitations, enable palpitations to be classified according to the following main categories^{1-5,8-21}: extrasystolic palpitations, tachycardiac palpitations, throbbing palpitations, and anxiety-related palpitations (Table 1).

Classification

From the etiologic point of view, the causes of palpitations can be subdivided into 5 main groups (Box 1): arrhythmic causes, structural cardiac causes, psychiatric causes, systemic causes, and the use of drugs or illicit substances.^{1-5,8,9} It is not uncommon, however, for the patient to simultaneously manifest more than one potential cause of palpitations, or palpitations of different origins. Electrocardiographic documentation of a rhythm disorder during spontaneous symptoms provides the strongest evidence of causality; whenever this proves possible, therefore, the palpitations are classified as being of arrhythmic origin. By contrast, they are considered to be of nonarrhythmic origin when the underlying heart rhythm exhibits sinus rhythm or sinus tachycardia. Thus, according to this etiologic hierarchy, nonarrhythmic causes of palpitations emerge as definitive diagnoses only in cases in which the symptom-electrocardiogram (ECG) correlation excludes the presence of rhythm disorders.⁴ When it is not possible to document the cardiac rhythm during the palpitations, nonarrhythmic causes are regarded as probable.

EPIDEMIOLOGY

The epidemiology of palpitations is, as yet, little known. Nevertheless, there is evidence to suggest that palpitations are a very frequent symptom in the general population²² and, in particular, in patients suffering from hypertension or heart disease.^{1,2} Indeed, few people would claim never to have felt their heart beating abnormally at some time in their lives. Moreover, palpitations account

Table 1 Types of palpitations and their clinical presentations					
Type of Palpitation	Subjective Description	Heartbeat	Onset and Termination	Trigger Situations	Associated Symptoms
Extrasystolic	"Skipping a beat," "heart sinking"	Irregular, interspersed with periods of normal heartbeat	Gradual	Rest	
Tachycardiac	"Beating wings" in the chest	Regular or irregular, markedly accelerated	Sudden	Physical effort, cooling down	Hemodynamic impairment
Anxiety related	Anxiety, agitation	Regular, slightly accelerated	Gradual	Stress, Anxiety attacks	Aspecific symptoms
Throbbing	Heart pounding	Regular, normal frequency			

Adapted from Raviele A, Giada F, Bergfeldt L, et al. Management of patients with palpitations: a position paper of European Heart Rhythm Association. Europace 2011;13:920-34; with permission.

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