

Practic MF 20-21 septembrie 2024

PALPITAȚIILE – ESENȚIALUL PENTRU PRACTICA MEDICULUI DE FAMILIE

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PALPITATII = CEL MAI PROBABIL ARITMII

Patient symptoms



- Palpitations
- Shortness of breath
- Fatigue
- Chest pain
- Dizziness
- Poor exercise capacity
- Fainting (syncope)
- Anxiety
- Depressed mood
- Disordered sleep



PREVALENTA ARITMII

ARITMIILE POT FI SI ASIMPTOMATICE

➤ Femei > barbati

➤ >65 ani de 5 ori mai mare decat la tineri

Adverse outcomes



- Recurrent hospitalization
- Heart failure
- Ischaemic stroke
- Thromboembolism
- Cognitive decline and vascular dementia
- Depression
- Impaired quality of life
- Death



CLASIFICAREA ARITMIILOR

TSV



Narrow QRS (≤ 120 ms) tachycardias

Regular

- Physiological sinus tachycardia
- Inappropriate sinus tachycardia
- Sinus nodal re-entrant tachycardia
- Focal AT
- Atrial flutter with fixed AV conduction
- AVNRT
- JET (or other non-re-entrant variants)
- Orthodromic AVRT
- Idiopathic VT (especially high septal VT)

Irregular

- AF
- Focal AT or atrial flutter with varying AV block
- Multifocal AT

Wide QRS (>120 ms) tachycardias

Regular

- VT/flutter
- Ventricular paced rhythm
- Antidromic AVRT
- SVTs with aberration/BBB (pre-existing or rate-dependent during tachycardia)
- Atrial or junctional tachycardia with pre-excitation/bystander AP
- SVT with QRS widening due to electrolyte disturbance or antiarrhythmic drugs

Irregular

- AF or atrial flutter or focal AT with varying block conducted with aberration
- Antidromic AV re-entrant tachycardia due to a nodo-ventricular/fascicular AP with variable VA conduction
- Pre-excited AF
- Polymorphic VT
- Torsade de pointes
- Ventricular fibrillation

Occasionally, AF with very fast ventricular response may apparently resemble a regular narrow QRS tachycardia.

AF = atrial fibrillation; AP = accessory pathway; AT = atrial tachycardia; AV = atrioventricular; AVNRT = atrioventricular nodal re-entrant tachycardia; AVRT = atrioventricular re-entrant tachycardia; BBB = bundle branch block; JET = junctional ectopic tachycardia; SVT = supraventricular tachycardia; VA = ventriculoatrial; VT = ventricular tachycardia.

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ȘI FARMACIE

Eur Heart J 2020; 41: 655-720

Atrial tachycardias

Sinus tachycardia

- Physiological sinus tachycardia
- Inappropriate sinus tachycardia
- Sinus nodal re-entrant tachycardia

Focal AT

Multifocal AT

MRAT

- Cavotricuspid isthmus-dependent MRAT
 - Typical atrial flutter, counter-clockwise (common) or clockwise (reverse)
 - Other cavotricuspid isthmus-dependent MRAT
- Non-cavotricuspid isthmus-dependent MRAT
 - RA MRAT
 - LA MRAT

AF

AV junctional tachycardias

Atrioventricular nodal re-entrant tachycardia (AVNRT)

- Typical
- Atypical

Non-re-entrant junctional tachycardia

- JET (junctional ectopic or focal junctional tachycardia)
- Other non-re-entrant variants

Atrioventricular re-entrant tachycardia (AVRT)

- Orthodromic (including PJRT)
- Antidromic (with retrograde conduction through the AVN or, rarely, over another pathway)

AF = atrial fibrillation; AT = atrial tachycardia; AV = atrioventricular; AVN = atrioventricular node; JET = junctional ectopic tachycardia; RA = right atrial; LA = left atrial; MRAT = macro-re-entrant atrial tachycardia; PJRT = permanent junctional reciprocating tachycardia; RA = right atrial.

Cauza?

FLUTTER ATRIAL

TAHICARDIA ATRIALA

FIBRILATIA ATRIALA

TPSV

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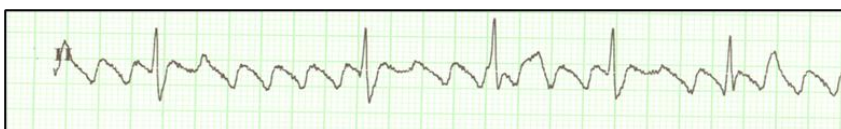
FRECVENTA SI IMPACTUL ARITMIILOR

INCIDENTA TSV in unitatile de aritmologie:

- FiA
- TRNAV (femei)
- FIA
- TRAV



>50%
Aceiasi FR
Acelasi risc TE



Healthcare and society

- Increasing prevalence
- High economic cost
- Impact on individuals, families and communities

**Doubling of AF
2010 → 2060**

**Lifetime risk
1 in 5 → 1 in 3**

**1–2% of healthcare
expenditure**



MECANISMELE ARITMOGENEZEI si descrierea simptomelor

TULBURARI IN FORMAREA SI CONDUCEREA IMPULSURILOR

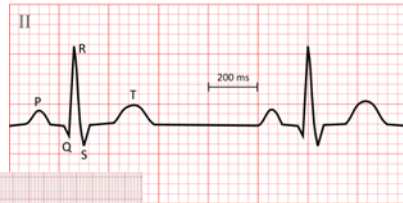
1. **AUTOMATISM CRESCUT (ACCELERAT): TS, TJ**

2. **ACTIVITATE DECLANȘATĂ (TRIGGER):**

TA (digitala), TV (QT lung)

3. **REINTRAREA**

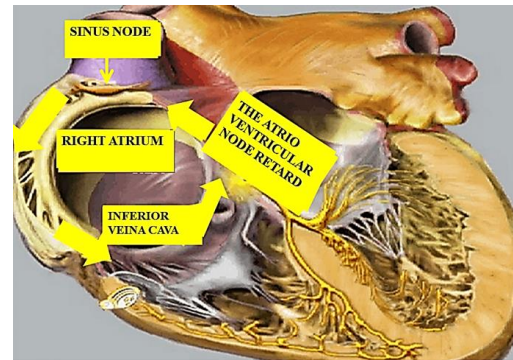
Normal



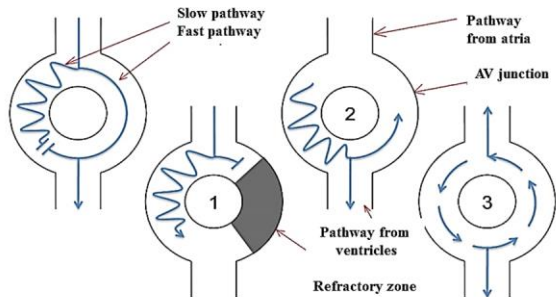
AVNRT



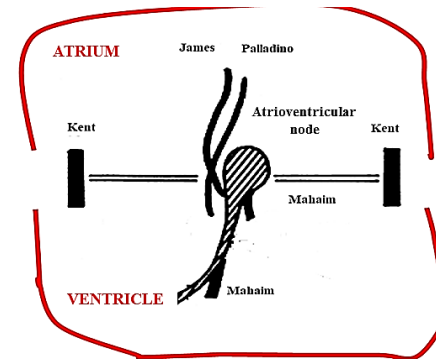
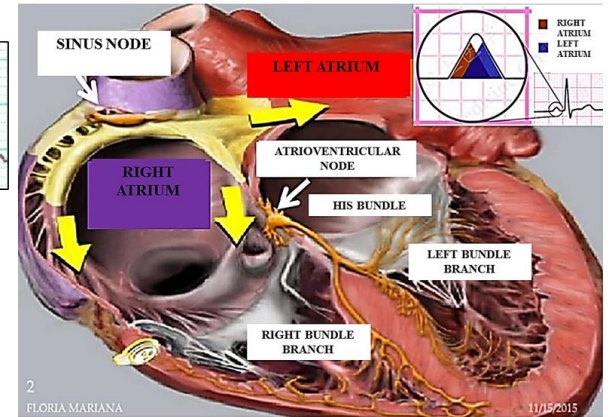
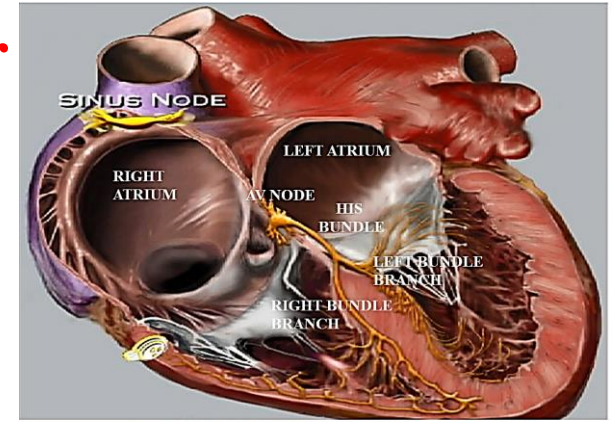
MACROREINTRARE



MICROREINTRARE



CINĂ ȘI FARMACIE



DIAGNOSTIC

ANAMNEZA: descrierea debutului si terminarii, context, simptome asociate, etc

- ECG: - de repaus – in cabinet cardiologie
- de efort PREZENTA SI TIPUL ARITMIEI
- HOLTER ECG (24 sau 48 ore; 7 zile; ILR)
- ABPM 24 ore
- ECOCARDIOGRAFIE (TT, TE, stress)
- RMN
- Polisomonografie
- Angio CT/Coronarografie
- Evaluare GE

SUBSTRATUL ARITMIEI

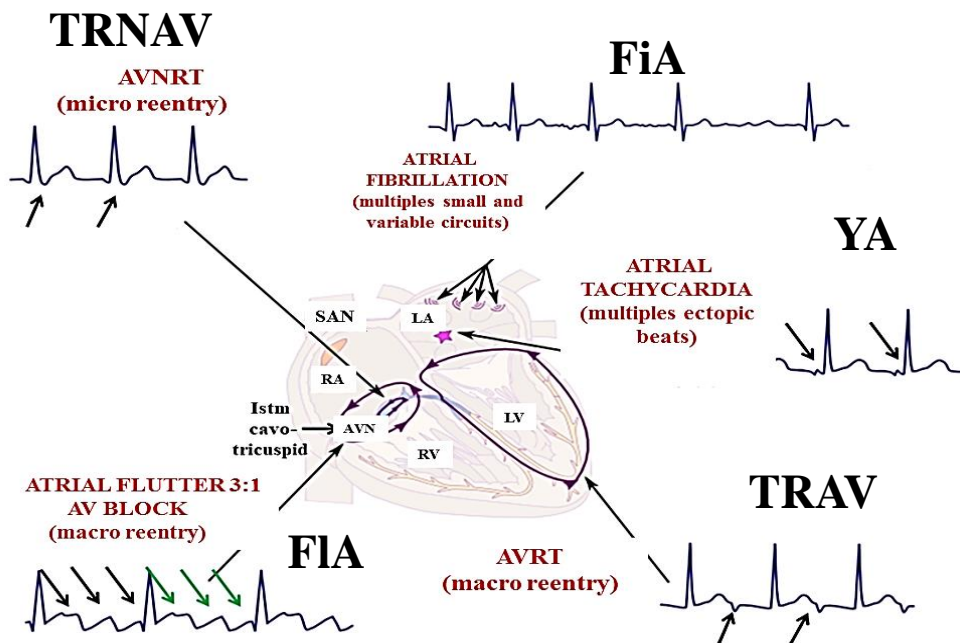
All patients	Selected patients
<ul style="list-style-type: none"> • Medical history to determine AF pattern, relevant family history, and comorbidities, and to assess risk factors for thromboembolism and bleeding 	<ul style="list-style-type: none"> • Ambulatory ECG monitoring for assessing AF burden and ventricular rate control • Exercise ECG to evaluate rate control or effects of class IC antiarrhythmic drugs
<ul style="list-style-type: none"> • 12-lead ECG 	<ul style="list-style-type: none"> • Further blood tests for investigation of cardiovascular disease and refinement of stroke/bleeding risk (e.g. NT-proBNP, troponin)
<ul style="list-style-type: none"> • Assess symptoms and functional impairment 	<ul style="list-style-type: none"> • Transoesophageal echocardiography for left atrial thrombus and valvular disease assessment
<ul style="list-style-type: none"> • Collect generic or AF-specific patient-reported outcome measures 	<ul style="list-style-type: none"> • Coronary CT, angiography, or ischaemia imaging for suspected CAD
<ul style="list-style-type: none"> • Blood tests (full blood count, kidney function, serum electrolytes, liver function, glucose/HbA1c, and thyroid function) 	<ul style="list-style-type: none"> • CMR for evaluation of atrial and ventricular cardiomyopathies, and to plan interventional procedures
<ul style="list-style-type: none"> • Transthoracic echocardiography where this will guide AF-CARE management decisions 	<ul style="list-style-type: none"> • Brain imaging and cognitive function assessment for cerebrovascular disease and dementia risk



...IA DE MEDICINĂ S...
...RE T. POPA IAȘI

HLG, TSH, fT4, Ca ionic si total, Mg, K, fier seric, feritina, PCR

Aritmiile pot fi sustinute sau nesustinite.



	Tachycardia type	Reg/Irreg	Atrial rate	Ventricular rate	Anatomic structures	P wave	Vagal manouvres
	Sinus tachycardia	Regular	100-180	100-180	SAN	Before every QRS	Progressive rate decreasing
	Atrial fibrillation	Irregular	400-600	75-175	Atria	Absentă	↓ V rate, irreg
	Atrial flutter	Regular (AV block)	250-350	75-150 (3/1;2/1)	Atria	F neg DIII	Increase AV block degree
	AVNRT	Regular	180-250	180-250	AVN	In QRS (R')	SR conversion
	Atrial tachycardia	Regular	120-250	75-200	Atria	Before QRS, variable morphology	Transient AV block
	AVRT (orto)	Regular	150-250	150-250	AVN-V-AP-A	RP<PR	SR conversion
	Junctional tachycardia	Regular	60-110	70-130	AVN	RP<PR	↓ V rate

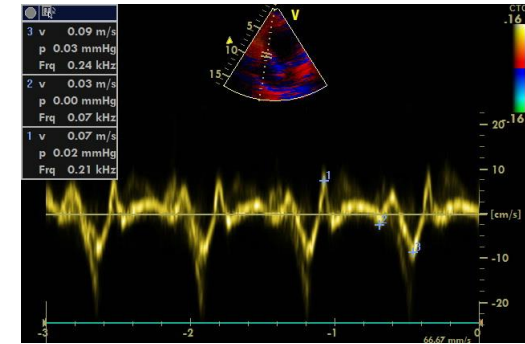
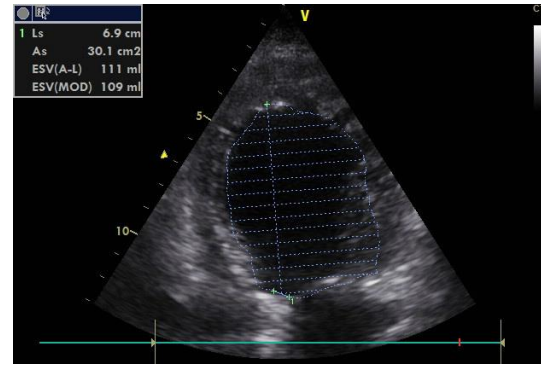
Cu cât sunt mai rapide și mai susținute, aritmiile tind să fie mai simptomatice.

SUBSTRATUL ARITMIILOR

Pot apărea pe:

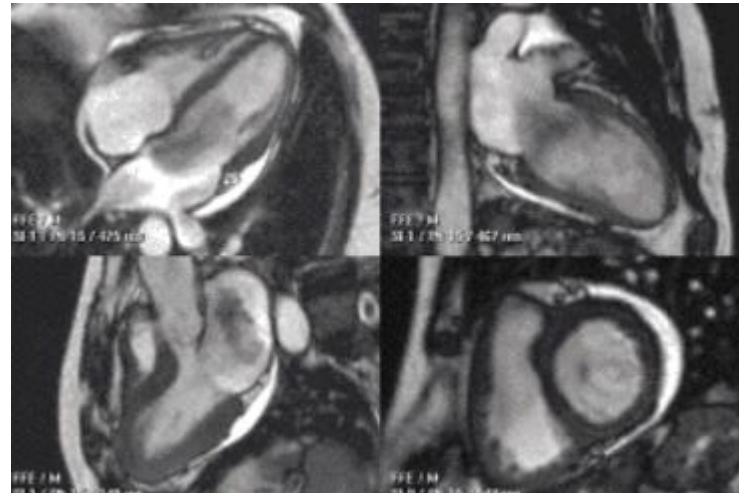
Cord structural aparent normal

(ecocord in limite normale)



Cord cu o afectare cardiacă structurală: țesut cicatricial

(HVS, valvulopatii, iechemie)



Atunci când funcția miocardică este depreciată, aritmiile sunt mai simptomatice și influențează prognosticul vital.

Aritmiile agravează IC iar IC promovează aritmiile (deci trebuie cautate!)

RISC DE ARITMII PRIN PREZENTA UNUI SUBSTRAT ARITMIC CORD ANORMAL STRUCTURAL

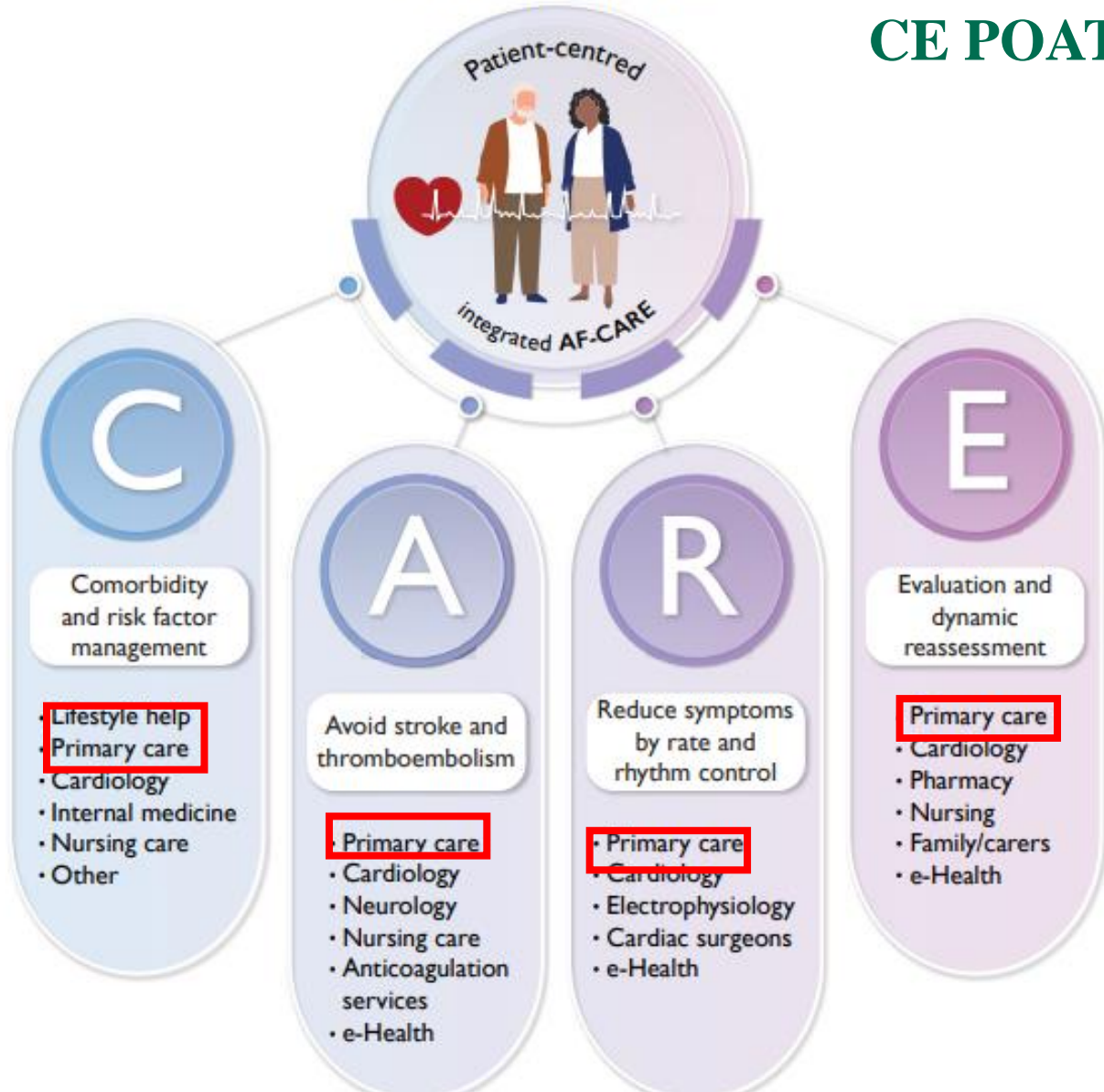


Hypertension	Heart failure	Overweight or obese	Obstructive sleep apnoea	Alcohol
Blood pressure lowering treatment (Class I)	Diuretics for congestion (Class I)	Weight loss (target 10%) ^a (Class I)	Management of OSA ^a (Class IIb)	Reduce to ≤3 drinks per week (Class I)
Diabetes mellitus	Appropriate HFrEF medical therapy (Class I)	Bariatric surgery if rhythm control ^a (Class IIb)	Exercise capacity	Other risk factors/ comorbidities
Effective glycaemic control ^a (Class I)	SGLT2 inhibitors (Class I)		Tailored exercise programme (Class I)	Identify and manage aggressively ^a (Class I)



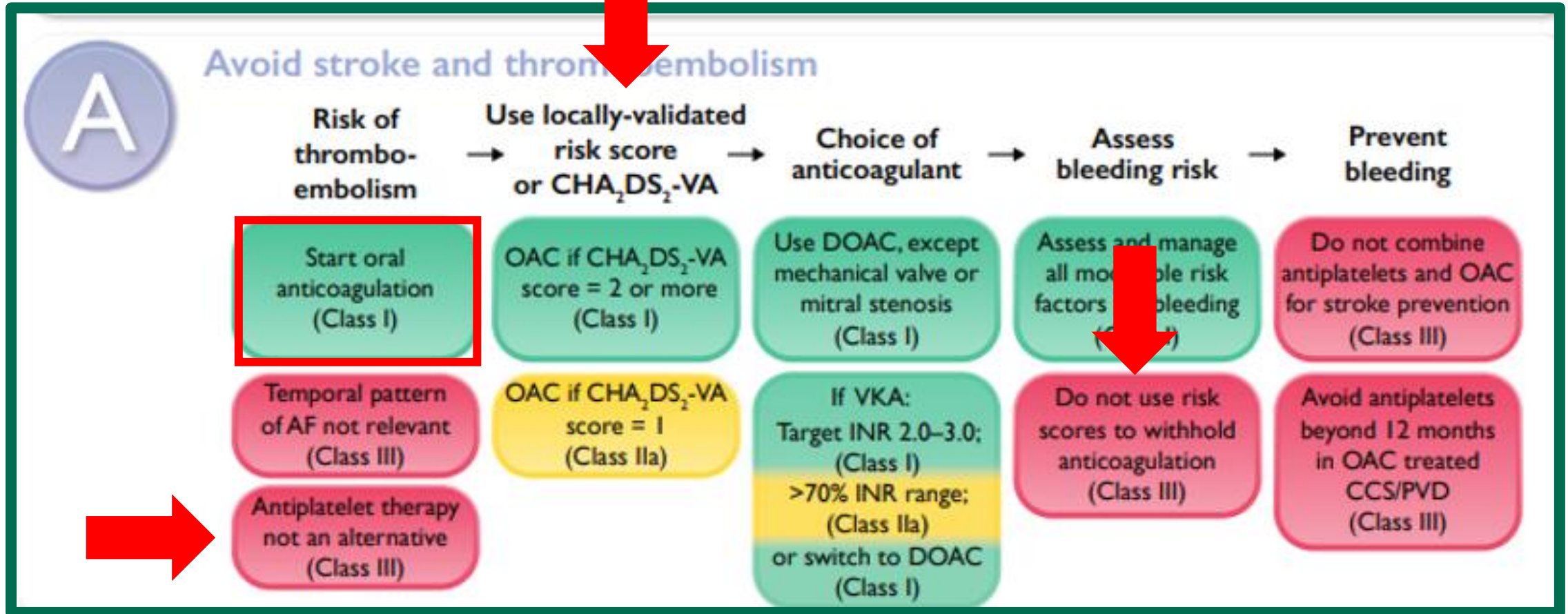
Atrial fibrillation

CE POATE EFECTUA MEDICUL DE FAMILIE?



- ✓ **Identificarea FRCV si corectarea lor**
- ✓ **Evaluare biologica**
- ✓ **Evaluare cardiologica/med interna/neurologica**
- ✓ **Monitorizarea terapiei**
- ✓ **Educatia pacientului si a familiei**
- ✓ **Reevaluare periodica**

TRATAMENT





Reduce symptoms by rate and rhythm control

See patient pathways for:

First-diagnosed AF

Paroxysmal AF

Persistent AF

Permanent AF

Consider:

Rate control drugs

Cardioversion

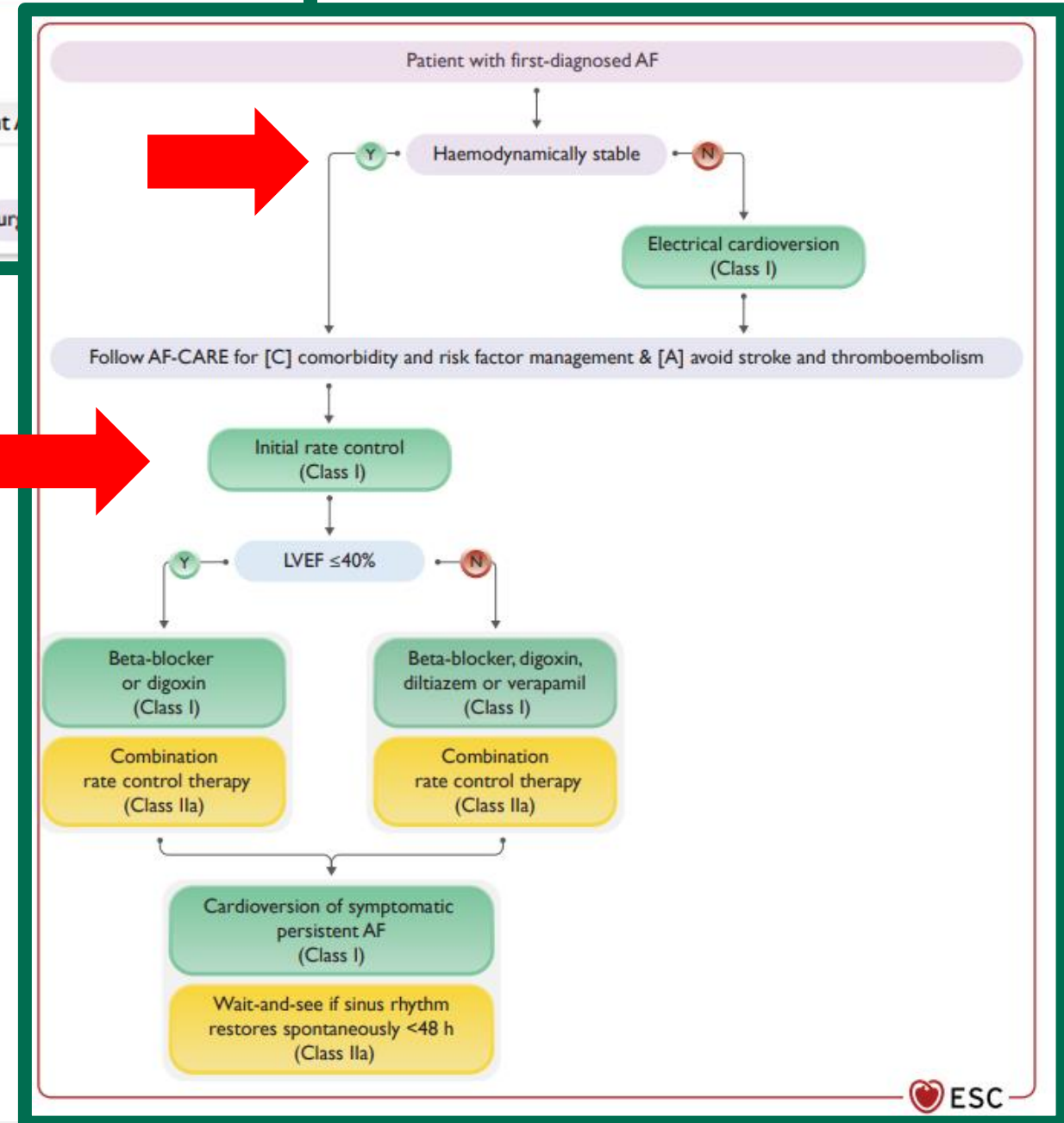
Antiarrhythmic drugs

Catheter ablation

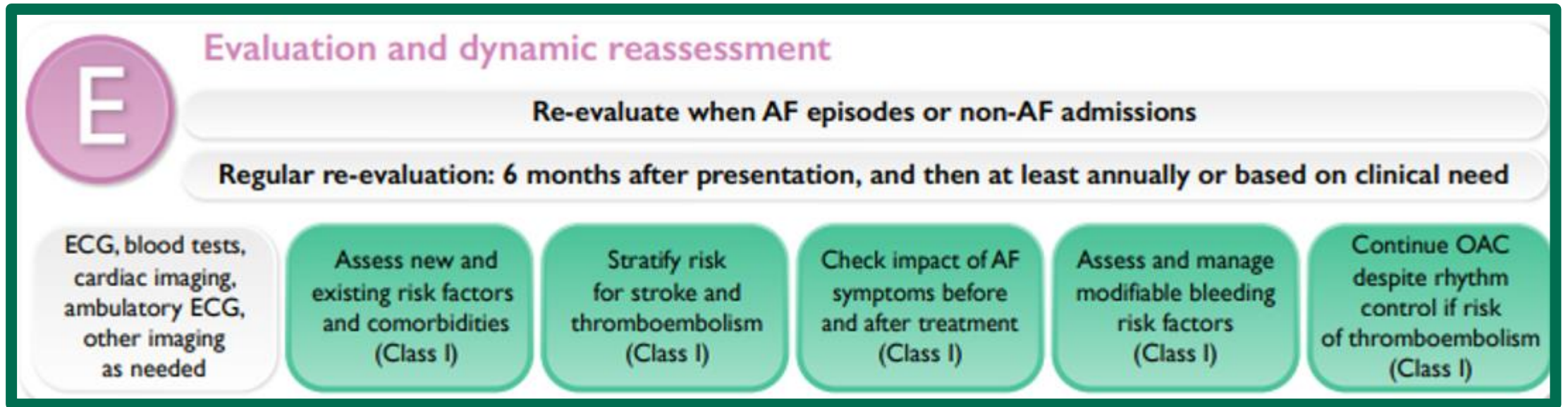
Endoscopic/hybrid ablation

Surgery

TRATAMENT



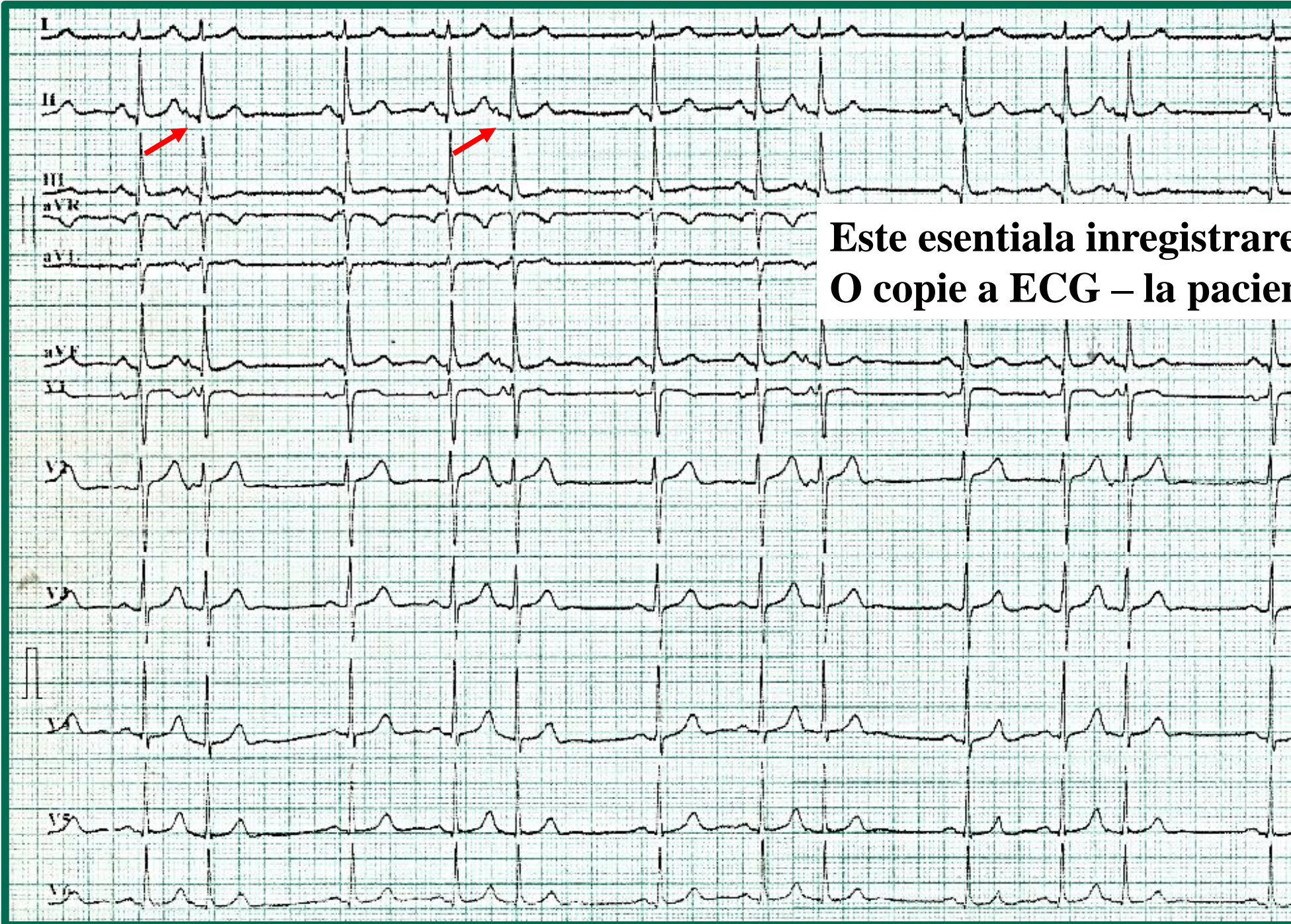
MONITORIZARE



IN LOC DE CONCLUZII...

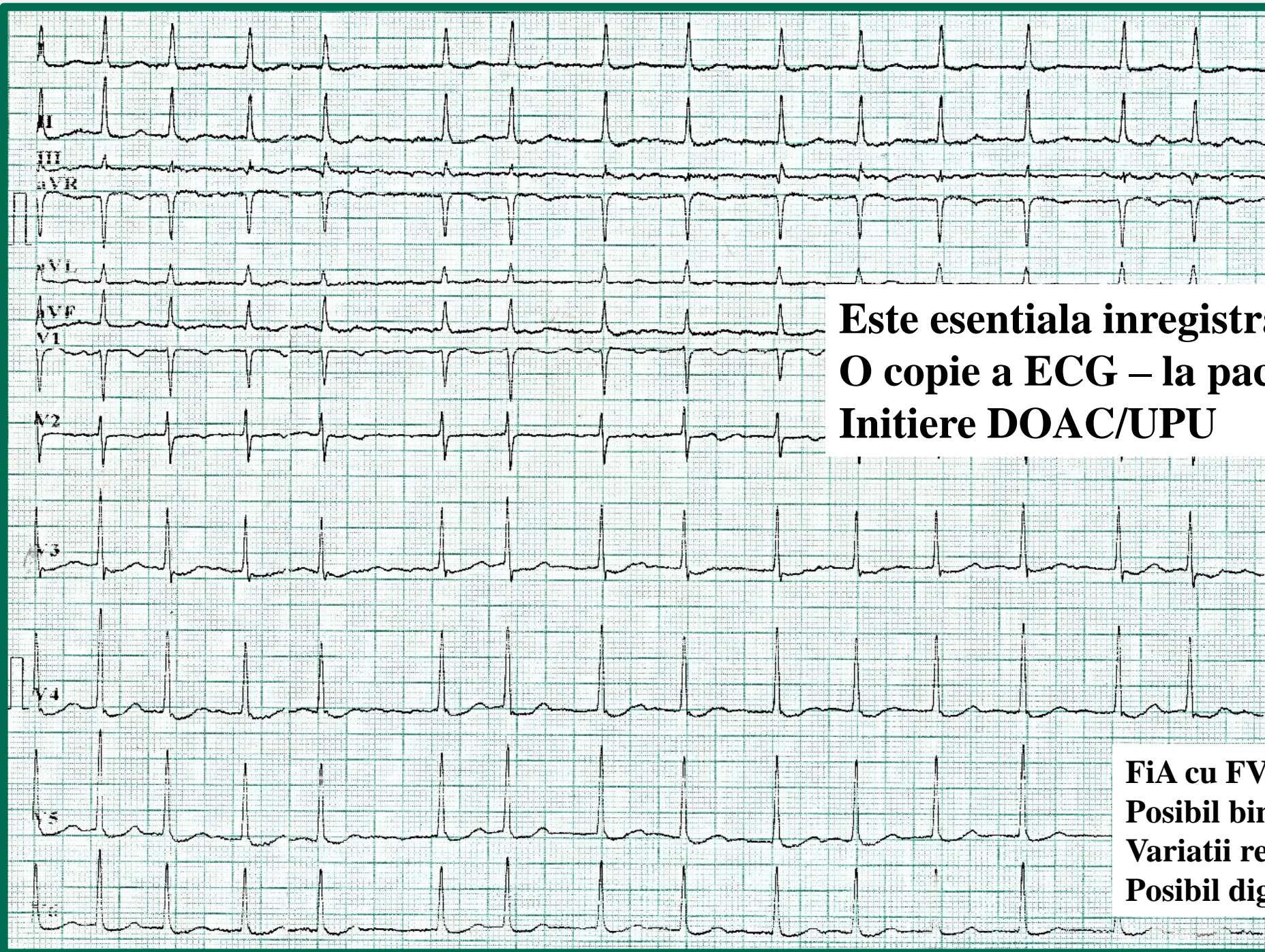


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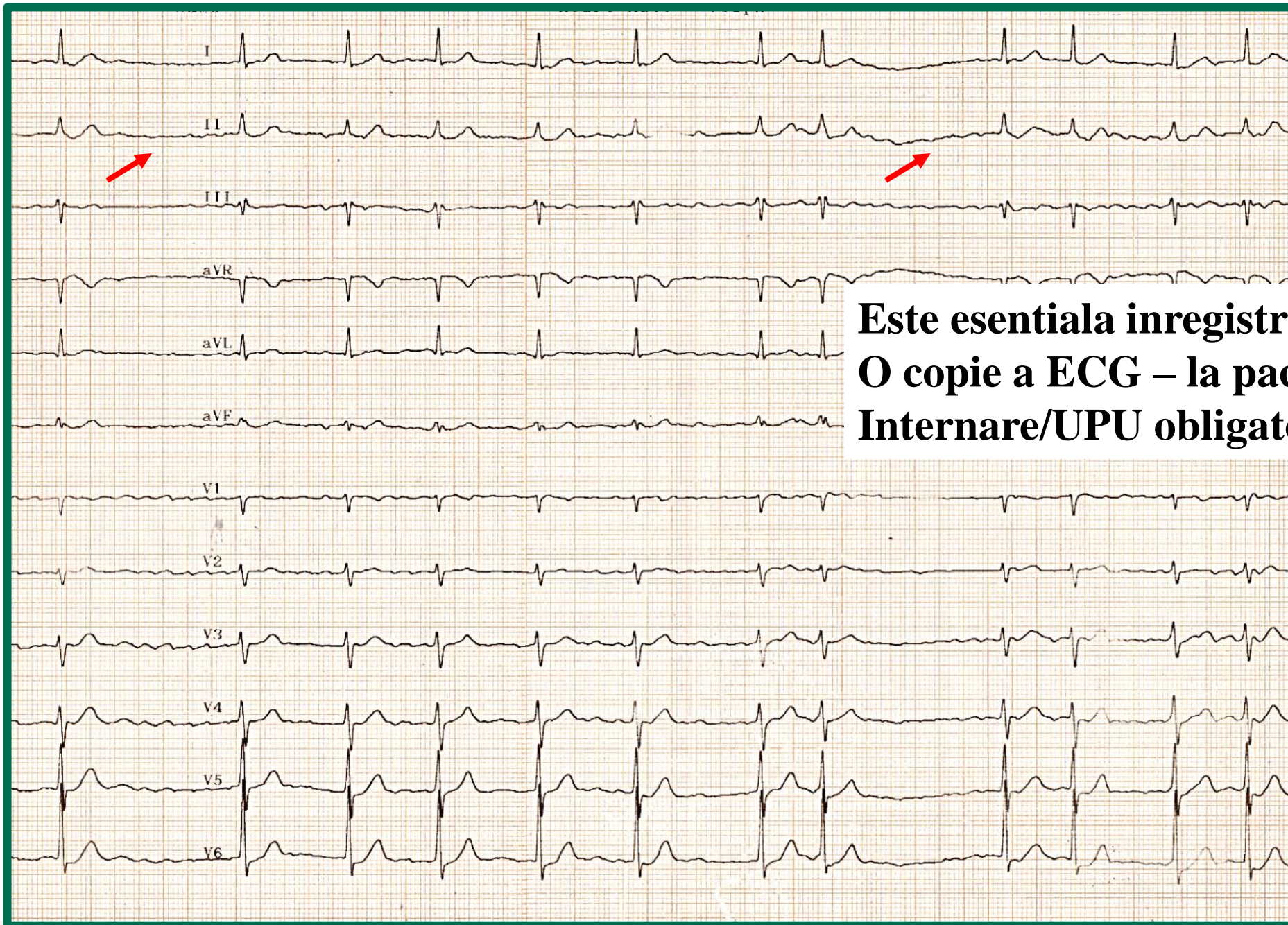
Este esentiala inregistrarea ECG in criza
O copie a ECG – la pacient

RS cu ESSV cu P/T
Posibil VPSD
Risc crescut de FiA
Intens simptomatice
Cord vertical



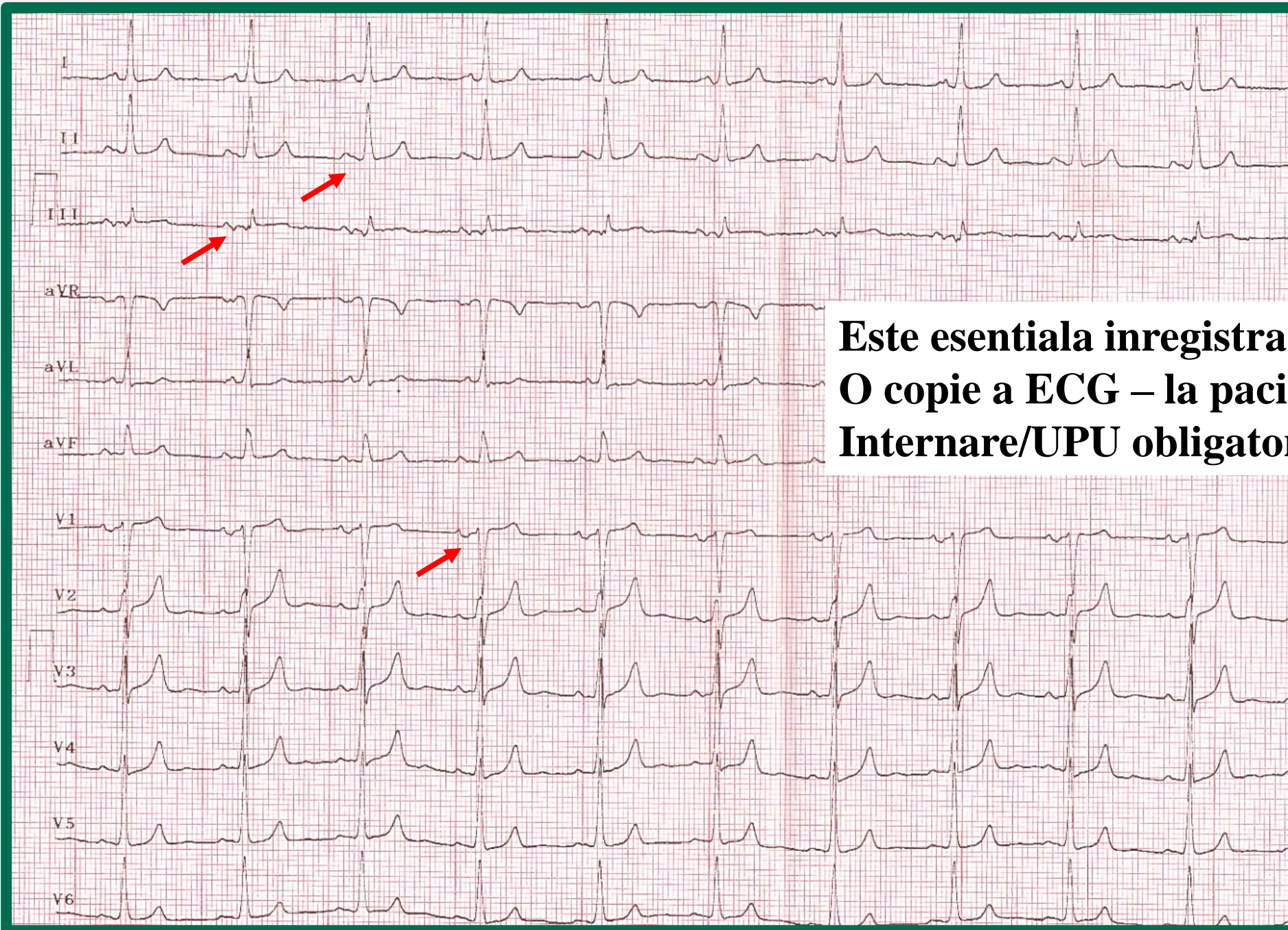
Este esentiala inregistrarea ECG in criza
O copie a ECG – la pacient
Initiere DOAC/UPU

FiA cu FV medie
Posibil bine tolerate
Variatii respiratorii ale amplit. QRS
Posibil digitala, hipoK, SCC



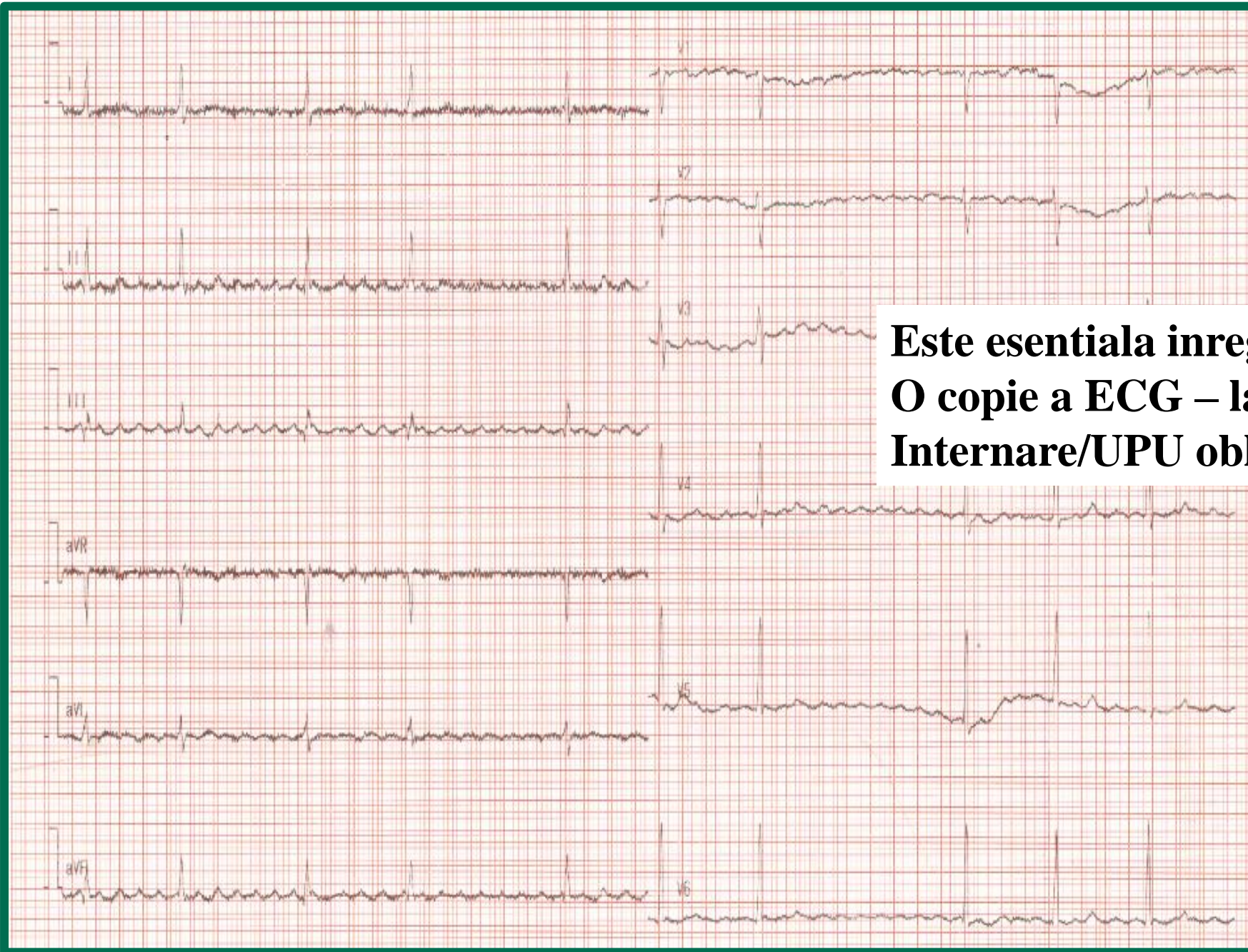
Este esentiala inregistrarea ECG in criza
O copie a ECG – la pacient
Internare/UPU obligator

FiA cu unde mici
Posibil BNS (pauze)
Microvoltaj (IMC? EP?)



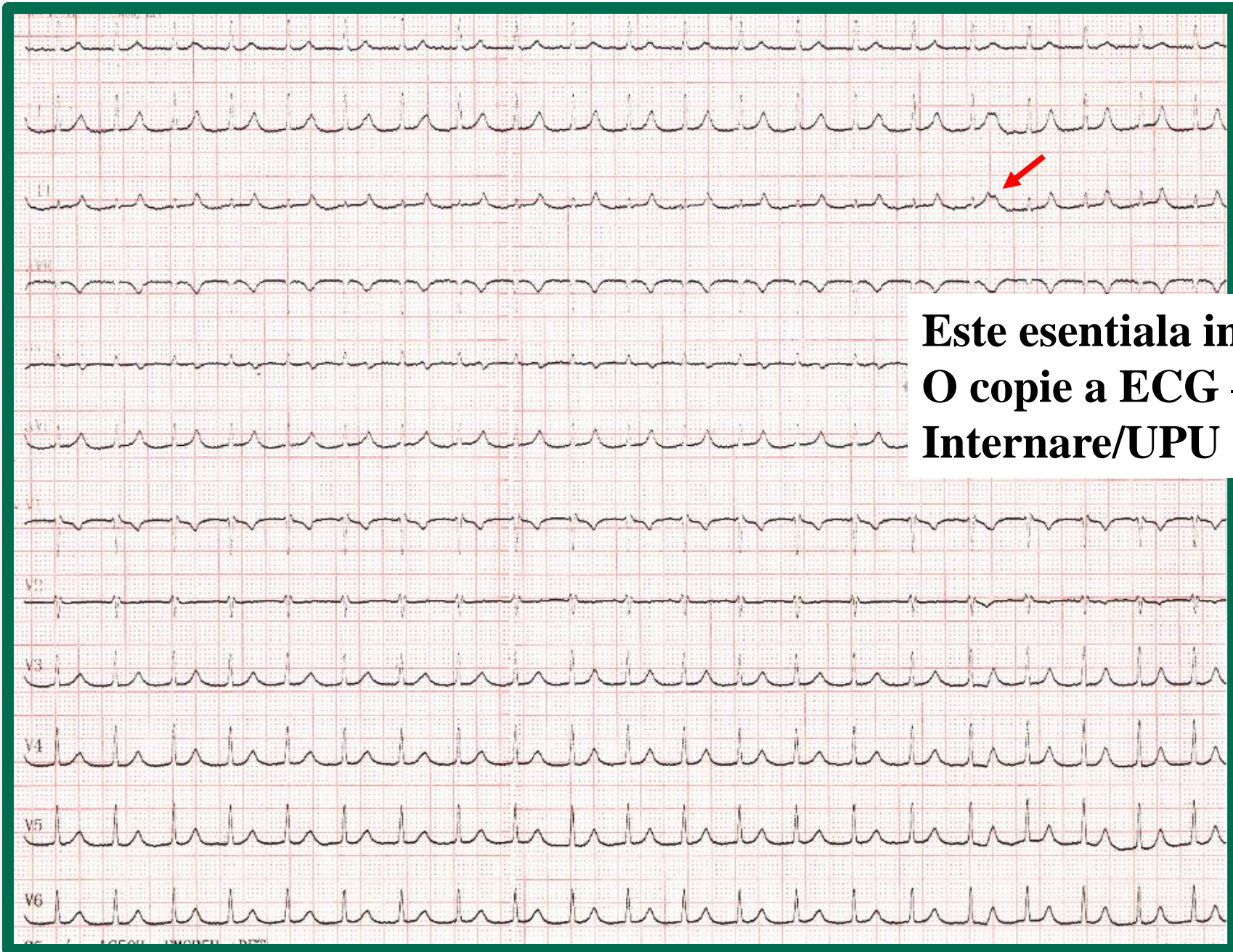
Este esentiala inregistrarea ECG in criza
O copie a ECG – la pacient
Internare/UPU obligator

BS
Posibil BNS latentă
Dilatare AS
Tulburari de
conducere interatriale



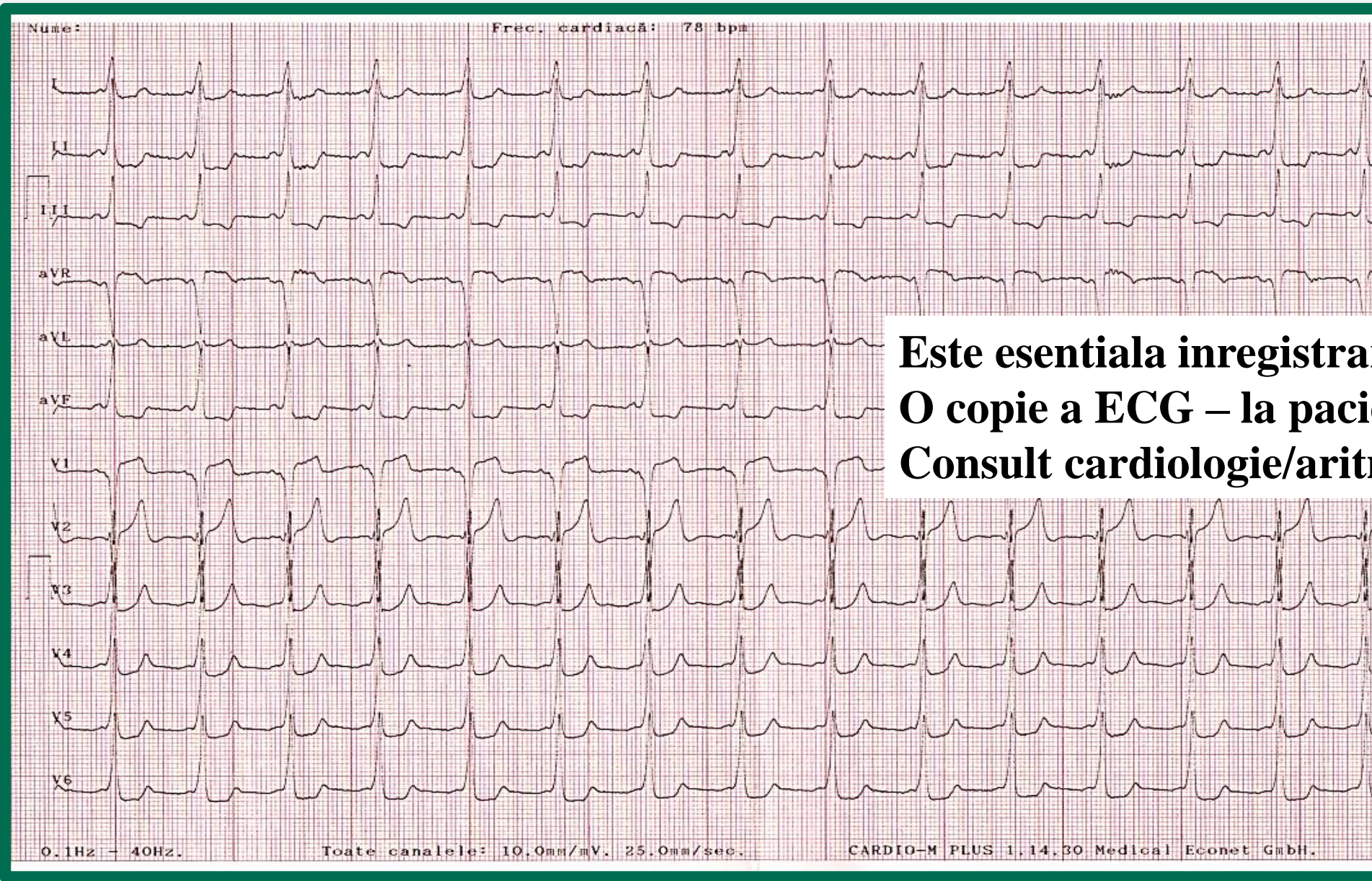
**Este esentiala inregistrarea ECG in criza
O copie a ECG – la pacient
Internare/UPU obligator**

**Fla cu AV nereg si FV joasa
Obezitate?
Apnee in somn?
TSH, fT4
Holter ECG
PM?**



Este esentiala inregistrarea ECG in criza
O copie a ECG – la pacient
Internare/UPU obligator

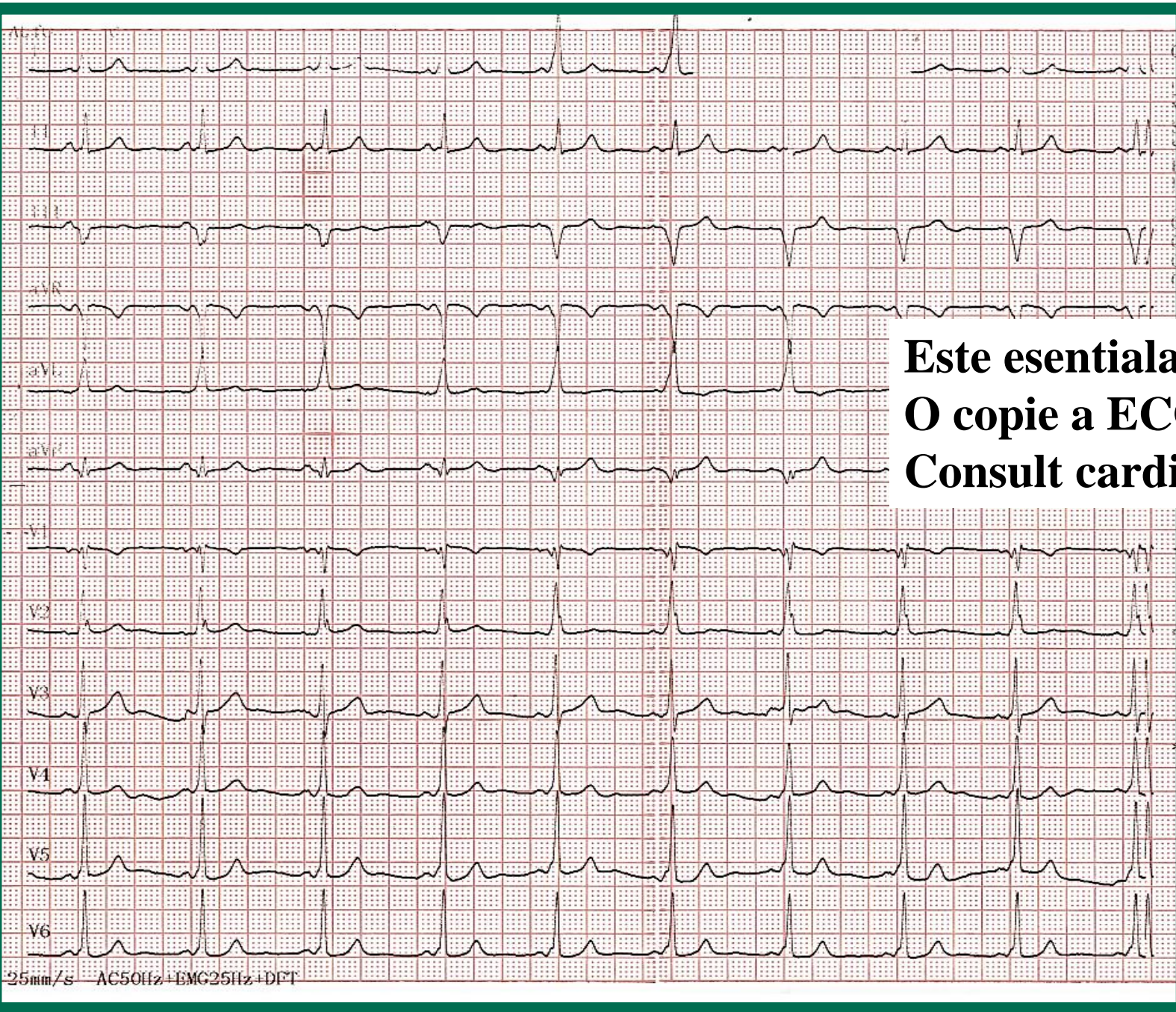
Tahicardie cu QRS fin
TPSV
Microvoltaj (pericardita? EP?)
BRD incomplet
UPU: MSC/adenoza/trigger?



Este esentiala inregistrarea ECG in criza
O copie a ECG – la pacient
Consult cardiologie/aritmolog

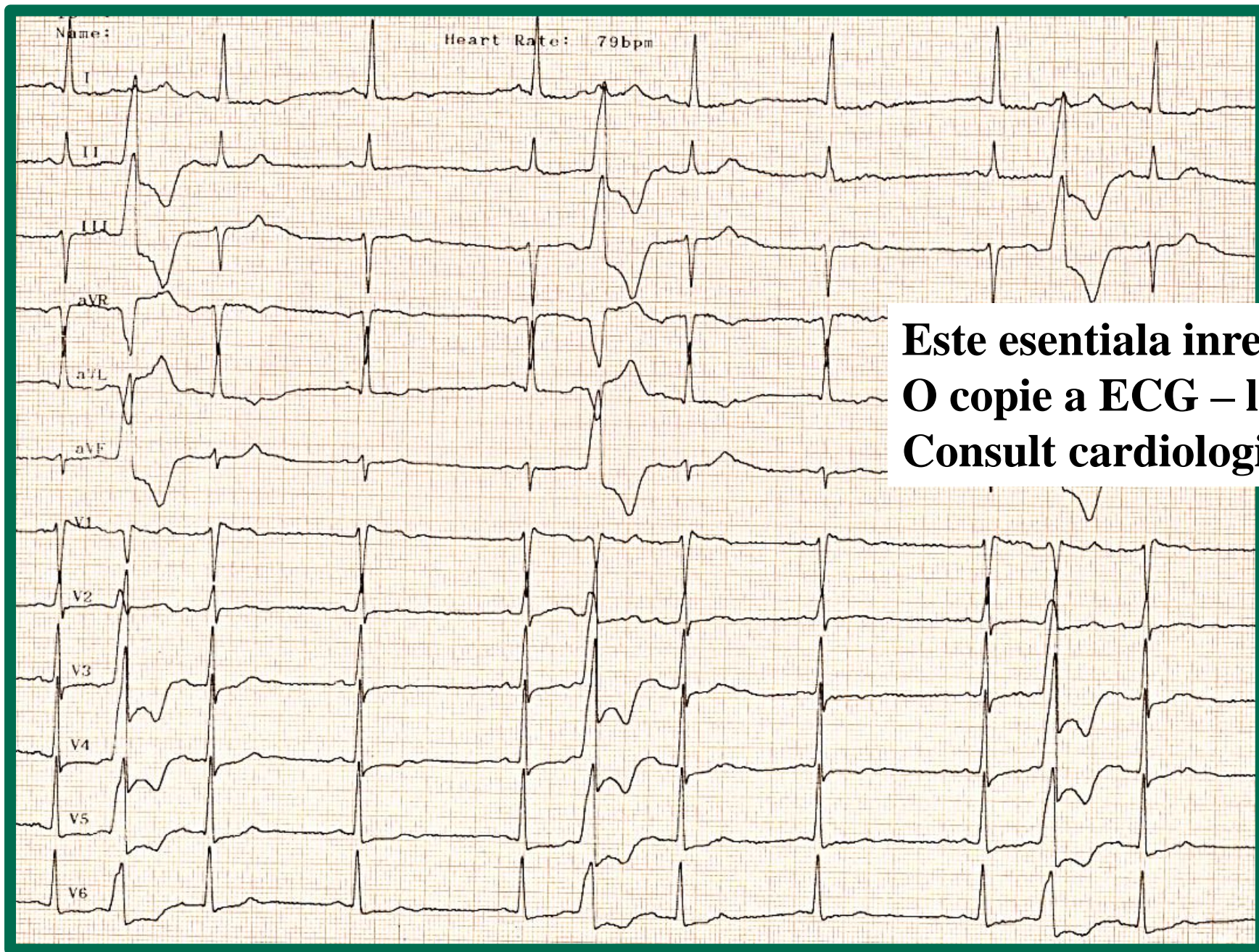
Sdr de preexcitatie
PR scurt
Palpitatii ? Asimptomatic?
Profesia?





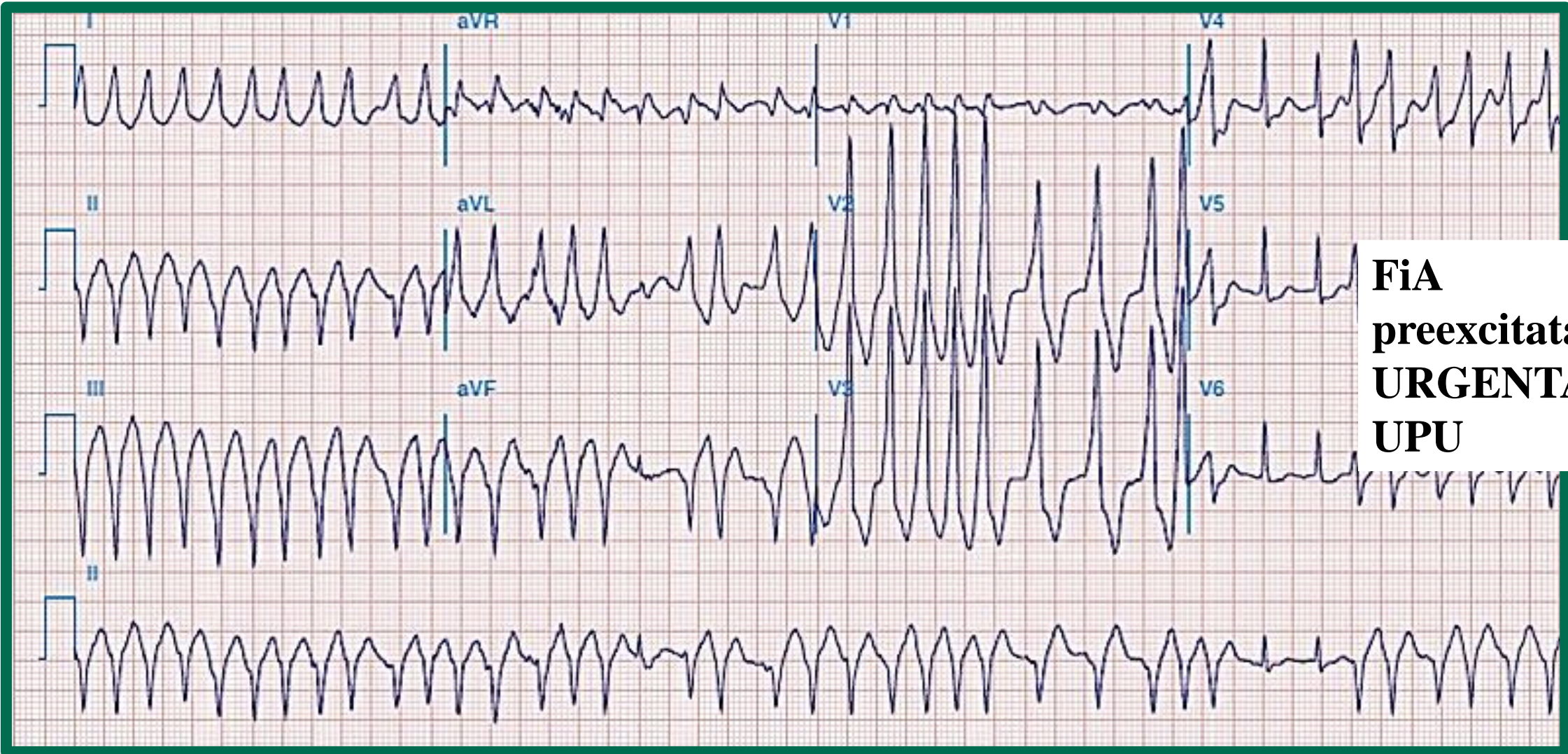
Este esentiala inregistrarea ECG in criza
O copie a ECG – la pacient
Consult cardiologie/aritmolog

Sdr de preexcitatie (unda δ)
Palpitatii?
Profesia?



Este esentiala inregistrarea ECG in criza
O copie a ECG – la pacient
Consult cardiologie/aritmolog

ESV de tip tract ejectie VD
Parasistolie ventriculara
IMC? Apnee in somn?
Substrat ischemic?

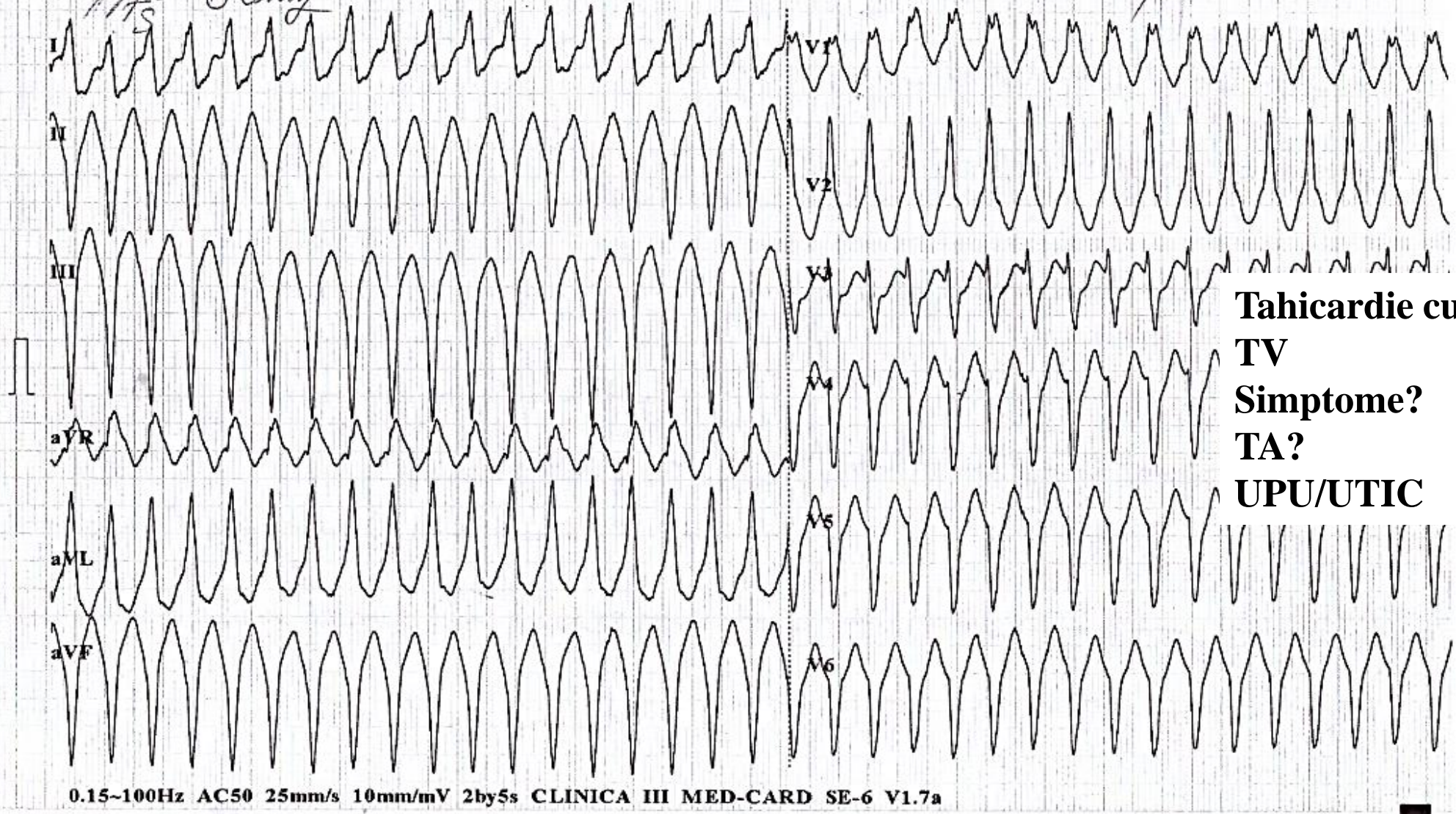


FiA
preexcitata
URGENTA!
UPU



Report reviewed by:

TA = 6 cm/h



Tahicardie cu QRS larg
TV
Simptome?
TA?
UPU/UTIC

0.15~100Hz AC50 25mm/s 10mm/mV 2by5s CLINICA III MED-CARD SE-6 V1.7a

ARU axa sta



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