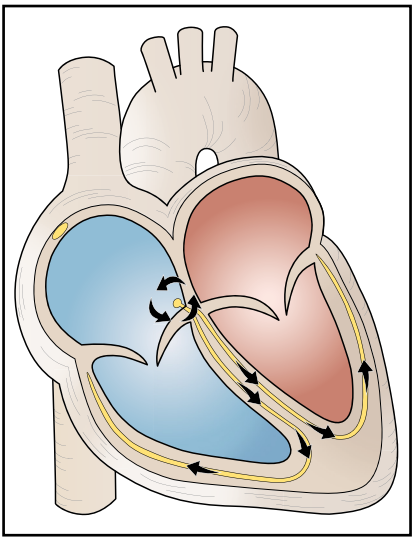
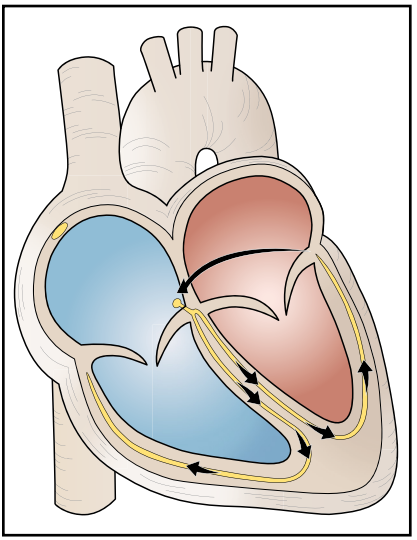
EDUCATION

Supraventricular Tachycardia

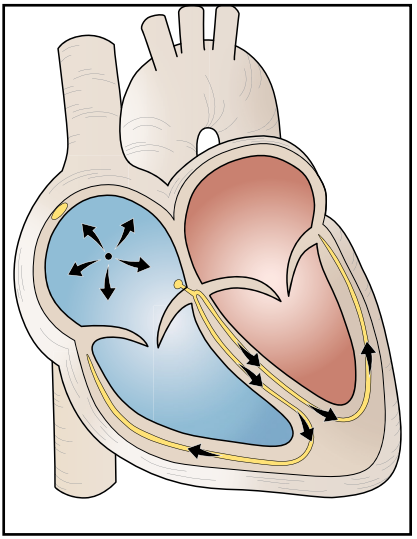
Allina Health



AV nodal reentrant tachycardia (AVNRT): the AV node sends signals to the lower atrial channel.



Atrioventricular reentrant tachycardia (AVRT): extra signals travel along an abnormal pathway between the atria and ventricles.



Atrial tachycardia: abnormal cells in one of the atria send out rapid signals.

Supraventricular Tachycardia

Supraventricular tachycardia is an abnormal rapid beating of your heart that starts in your atria. If left untreated, this condition can increase your risk for heart problems.

Electrical Impulses

The heart is divided into four chambers:

- two upper chambers (atria)
- two lower chambers (ventricles).

The electrical impulse that causes a heart to beat begins in the sinoatrial (SA) node and goes down to the atrioventricular (AV) node.

From there, the impulse spreads through the ventricle. This causes a heart at rest to beat between 60 to 100 times per minute.

Symptoms of Supraventricular Tachycardia

Supraventricular tachycardia can affect anyone. Symptoms may include:

- palpitations or racing of the heart
- a sense of anxiety
- a tightness in the chest and/or throat
- shortness of breath
- rapid pulse
- feeling faint, lightheaded or dizzy.

How Supraventricular Tachycardia is Found

Your doctor will listen to your heart and may give you an exam. Other tests you may have include any of the following.

- **an electrocardiogram (ECG)**: This painless test can be done in your doctor's office. The ECG shows the electrical flow in your heart. This is recorded onto paper. If you have tachycardia at the time of the ECG, your doctor will be able to tell by looking at the rhythm.

  You may have atrial flutter that comes and goes. You may need to wear a Holter or event monitor for several days or weeks to identify the rhythm.

- **a Holter monitor**: A Holter monitor helps determine how your heart responds to normal activity. A Holter monitor is a small, portable ECG monitor that records your heart rhythm nonstop. You wear the monitor for 24 to 48 hours.

  While wearing the monitor, you will keep a diary of your activities and symptoms. Your doctor can compare this to your heart rhythm recordings.

- **an event monitor**: An event monitor records your heart rhythm for up to 30 days. It helps your doctor diagnose arrhythmias that aren't common. Your doctor will tell you how long you need to wear one.

  When you feel symptoms, you push a button. This triggers the monitor to record your heart rhythm for several seconds during your symptoms and after the event.

  The monitor prompts you to record your symptoms so your doctor can compare your heart rhythm and activity records when you are done wearing the monitor.

There are different types of monitors. They will not interfere with your everyday life.

Risks

By itself, supraventricular tachycardia is not life-threatening. Talk with your doctor if you have other heart or artery diseases.

Treatments

You may or may not need treatment. Treatment options your doctor may suggest include one or more of the following.

- **coughing or Valsalva maneuver**:
  Coughing or using the Valsalva maneuver (holding your breath and pushing with your abdomen like you are having a bowel movement) may restore your heart rhythm.
- **avoid stimulants**:
  Avoid large amounts alcohol, coffee and foods that contain caffeine. If you are taking vitamins, supplements, herbal or natural products, read the labels for any type of stimulant.

  If you have questions, talk with your doctor or pharmacist. Avoid using illegal drugs of any kind. Always use prescription medicine as directed.
- **medicine**:
  Antiarrhythmic medicines or beta blockers are used to slow your heart rate or keep it steady.
- **electrical cardioversion**:
  This uses an electrical shock to return your heart back to a normal rhythm. This can be done with or without antiarrhythmic medicine. You may need to take a blood thinner before cardioversion.

- **catheter ablation**:
  This uses a special catheter to deliver high-frequency (hot) or freezing energy to destroy a portion(s) of heart tissue causing the arrhythmia.

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