ACC/AHA PRACTICE GUIDELINES: AECG

ACC/AHA SUPPORTING THE USE OF 30-DAY EVENT MONITORS FOR:

I. ASSESSMENT OF SYMPTOMS THAT MAY BE RELATEDTO DISTURBANCES OF HEART RHYTHM

1. Patients with unexplained syncope, near syncope, or episodic dizziness where the cause is not obvious.
2. Patients with unexplained recurrent palpitations.
3. Patients with episodic shortness of breath, chest pain, or fatigue that is not otherwise explained.

II. ASSESSMENT OF RISK IN PATIENTS WITHOUT SYMPTOMS OF ARRHYTHMIAS

1. Post-MI patients with LV dysfunction (ejection fraction ≤ 40%).
2. Post-MI patients with normal LV function.
3. Patients with CHF.
4. Patients with idiopathic hypertrophic cardiomyopathy.
5. Patients who have sustained myocardial contusion.
6. Systemic hypertensive patients with LV hypertrophy.
7. Preoperative arrhythmia evaluation of patients for noncardiac surgery.
8. Patients with sleep apnea
9. Patients with valvular heart disease
10. Diabetic subjects to evaluate for diabetic neuropathy.

III. ASSESSMENT OF ANTIARRHYTHMIC THERAPY/DRUG TITRATION

1. To assess antiarrhythmic drug response in individuals in whom baseline frequency of arrhythmia has been characterized as reproducible and of sufficient frequency to permit analysis.
2. To detect proarrhythmic responses to antiarrhythmic therapy in patients at high risk.
3. To assess rate control during atrial fibrillation
4. To document recurrent or asymptomatic nonsustained arrhythmias during therapy in the outpatient setting.

IV. ASSESSMENT OF PACEMAKER AND ICD FUNCTION & MONITORING MYOCARDIAL ISCHEMIA

1. Evaluation of frequent symptoms of palpitation, syncope, or near syncope to assess device function to exclude myopotential inhibition and pacemaker-mediated tachycardia and to assist in the programming of enhanced features such a rate responsitivity and automatic mode switching.
2. Evaluation of suspected component failure or malfunction when device interrogation is not definitive in establishing a diagnosis.
3. To assess the response to adjunctive pharmacological therapy in patients receiving frequent ICD therapy.
4. Evaluation of immediate postoperative pacemaker function after pacemaker or ICD implantation as an alternative or adjunct to continuous telemetric monitoring.
5. Evaluation of the rate of supraventricular arrhythmias in patients with implanted defibrillators.
6. Routine follow-up in asymptomatic patients.
7. Patients with suspected variant angina.
8. Patients with known CAD and atypical chest pain syndrome

V. ASSESSMENT OF PEDIATRIC PATIENTS

1. Syncope, near syncope, or sustained palpitation in the absence of a reasonable explanation and where there is no overt clinical evidence of heart disease.
2. Patients with possible or documented long QT syndromes.
3. Evaluation of antiarrhythmic drug efficacy during rapid somatic growth.
4. Evaluation of rate-responsive or physiologic pacing function in symptomatic patients.
5. Syncope, near syncope, or dizziness when a noncardiac cause is present.
6. Chest pain without clinical evidence of heart disease.
7. Routine evaluation of asymptomatic individuals for athletic clearance.
8. Brief palpitation in the absence of heart disease.
9. Asymptomatic Wolff-Parkinson-White syndrome.

"ACC/AHA Guidelines for Ambulatory Electrocardiography: Executive Summary and Recommendations: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Revise the Guidelines for Ambulatory Electrocardiography)" was approved by the American College of Cardiology Board of Trustees in June 1999 and by the American Heart Association Science Advisory and Coordinating Committee in June 1999.