

WHAT TO DO ABOUT PALPITATIONS

Palpitation, or feeling of heart beating, is a common symptom that brings one to seek a cardiologist for evaluation. Patients may characterize the symptoms as racing of the heart, escape beats, or fluttering sensation. All of these symptoms most likely are due to an underlying abnormal heart rhythm or arrhythmia that needs to be discovered, diagnosed accurately so it can be effectively treated or cured.

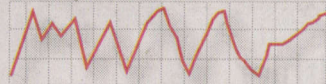
Arrhythmia in general can be divided in two types. One of the most common arrhythmia is atrial fibrillation or irregular heart rhythm which has potential detrimental consequences such as stroke, and heart failure but usually not a fatal arrhythmia. This type of arrhythmia may occur in response to a stress factor to the heart such as post-operative state, heart disease in general, thyroid disease, excess caffeine or alcohol intake. Other arrhythmias that may occur in any age are group of fast heart rhythms that

are due to abnormalities in the wiring configuration of the conduction system. Once discovered, it can be treated with medication or in many cases it can be successfully cured by a procedure called ablation which involves utilization of a catheter to modify the conduction wiring so it performs in normal manner.

Arrhythmias in a person who has underlying significant heart disease such as previous heart attacks, heart failure, or rare genetic abnormalities are more serious and needs to be addressed immediately as the next palpitation or arrhythmia may be long enough to provoke loss of consciousness and fatal consequences.

The usual work up for palpitation involves an EKG which takes a 6 second picture of heart rhythm. Clues can be discovered from an EKG but in many instances it may be non-diagnostic. A Holter monitor is placed as well to monitor the rhythm for 24-48 hours.

THE HEART BEAT



By Dr. Omid Kohani



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If symptoms develop during the time of monitoring then diagnosis can be made. Otherwise a longer monitoring may be needed to appropriately discover a potential arrhythmia. In rare cases, a small device is placed under the skin to monitor up to 6 month which can transfer rhythm wirelessly to a computer for analysis.

Other tests include an echocardiogram or ultrasound of the heart to evaluate structure and pump function of the heart. A stress test is usually recommended to detect if arrhythmia is provoked by exercise and to evaluate for coronary artery disease [blockage in the arteries of the heart]. In some patients after numerous monitoring and above recommended tests, no arrhythmia is discovered. Many of such patients may have anxiety or panic attacks. Treatment of anxiety

and consultation with a psychiatrist then may resolve the symptoms.

It should be noted that many people may not feel the symptoms of palpitation but suffer from the above noted arrhythmias. Other symptoms that could imply to an arrhythmia are fatigue, shortness of breath, dizziness or in significant cases syncope or fainting. Monitoring then maybe needed to discover the arrhythmia.

Palpitation is common – we all feel a few “escape beats” seldom which could be normal however frequent palpitation or long duration specially in patient with other cardiovascular risk factors such as diabetes, hypertension, heart disease, smoking, or stroke needs to be evaluated promptly and appropriately by an expert clinician.

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