Top Ten Things To Know-
The Management of Adult Patients with Supraventricular Tachycardia

1. Data are not well-defined for the epidemiology of SVT, but best estimates indicate the incidence is approximately 2.25 per 1000 persons.

2. The 2015 ACC/AHA/HRS Guideline for the Management of Adult Patients with Supraventricular Tachycardia replaces the 2003 ACC/AHA guidelines for the management of patients with supraventricular arrhythmias. It utilizes new knowledge from clinical trials, treatments and drugs, and updates or replaces recommendations.

3. Paroxysmal supraventricular tachycardia (PSVT) is a clinical syndrome characterized by the presence of a regular and rapid tachycardia of abrupt onset and termination.

4. Women are 2 times more likely to have PSVT than men, and people >65 have a 5 times higher risk than younger people for PSVT. There are approximately 89,000 new cases per year and 570,000 persons with PSVT.

5. Atrial fibrillation is not included in this guideline, because supraventricular tachycardia generally does not include AF.

6. SVT describes tachycardias with atrial and/or ventricular rates > 100 bpm at rest. Examples include the following:

   - Inappropriate sinus tachycardia,
   - Atrial tachycardia (including focal and multifocal atrial tachycardia),
   - Macro re-entrant atrial tachycardia (including typical atrial flutter),
   - Junctional tachycardia,
   - Atrioventricular re-entrant tachycardia (AVNRT), and
   - Different accessory pathway-mediated re-entrant tachycardias.

7. SVT symptoms, which often start in adulthood, may include fatigue, syncope, light-headiness, palpitations, and chest pain. Quality of life may be affected, as well, based on the frequency, duration, and timing of the SVT. In one study, 57% of patients with SVT experienced an episode while driving, and 24% of them considered it to be an obstacle to driving.

8. The cause of SVT may be discovered from a 12-lead ECG done during the tachycardia episode. Often SVT is diagnosed in the emergency department.

9. Treatment options may include drug therapy, ablation or observation. Factors such as frequency and duration of the SVT as well as the symptoms and potential complications play a role in the treatment decision. The guidelines include several treatment algorithms that address acute, ongoing management.

10. The treatment options for SVT are specific to the type of arrhythmia and treatment can be nuanced. Shared decision making is stressed in this document with attention to the patient’s preferences and treatment goals and their individual situations.