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Ambulatory Monitoring Approaches for PSVT: Which One and When?

Announcer:

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Jennifer Carlquist, PA-C:

Welcome to this educational activity from GLC. I'm Jen Carlquist, and here with me today is Brian Rose. We're taking a deep dive into ambulatory monitoring approaches for PSVT, or paroxysmal supraventricular tachycardia.

Brian, there's a lot of options out there for monitoring; I'd love to know the pros and cons of each and how you feel about them.

Brian Rose, PA-C:

Absolutely. That is definitely a loaded question. There are quite a few, both wearable and non-wearable, options out there, and I feel like every day we're being inundated with another device to really be able to pinpoint rhythm issues.

A lot of what we select is very patient-centric, and what I mean by that is the frequency of their symptoms. If we have a patient that has daily symptoms, a simple Holter monitor is perfect for them for 24 hours or 48 hours. Patients that may have less frequent symptoms but we're very suspicious for an underlying rhythm issue, an event monitor for up to 28 days is very applicable in that situation. Smartwatches have really gained a lot of traction as of late, and I can say anecdotally that I have diagnosed a few rhythm issues based off smartwatches. Other devices that exist that patients can utilize at home are like the KardiaMobile device, and in some instances where we're really suspicious, in instances where maybe the Holter monitors and the event monitors have been unrevealing or inconclusive but we still have a high index of suspicion, an implantable loop recorder is definitely applicable.

Jennifer Carlquist, PA-C:

Totally agree 100%, Brian. And I have also had the events where I've diagnosed patients based on reading some of their smartwatches. And what I would like to share with practitioners who are watching is that get familiar and comfortable with how to look up in their health app where these strips are, because there is so much data there. We had a patient who came to the ER with palpitations, and nothing was ever caught on the monitor. And before he was going to go home, he said, "Oh, by the way, I have a watch. I think I had the episode when I had the watch on." And we pulled up the episode, and we diagnosed him right there, and he was all of a sudden no longer being discharged, and he was going to be getting appropriate follow-up.

So I will say that it is very important, when you're doing a wearable and you're using that as your decision-maker, that the patient has to be still, and that's true for the Kardia, and that's very true for the Apple Watch; they need to be still and have good contact to the device to give us the good data.

Brian, how do you feel about wearables for patients with PSVT?

Brian Rose, PA-C:

I think wearables are definitely kind of the cornerstone. Very few patients will present to the ER with an active PSVT. I feel like a lot of the patients that we see are these, quote, palpitation consults, which could be anything. These could be patients that have AFib. These are patients that can have PSVT. They can be having non-sustained VT from their heart failure or their coronary artery disease.

So the wearables are just another way that we're able to really distill down what we're dealing with because it's so critical that we get the diagnosis right here. I think a lot of what we've heard quite frequently in our discussions that a lot of these patients, especially with PSVT, get passed around. They get told that they have anxiety or there's nothing wrong with them.

So utilizing the wearables appropriately and maybe not just resting on the 48-hour Holter and saying, "Well, it didn't show anything," really, let the frequency of their symptoms guide what sort of diagnostic tools you need to use.

Jennifer Carlquist, PA-C:

And I have to tell you, Brian, that it's just like when you take the car to the mechanic, it stops making the noise. Sometimes that happens when we put on these devices like Holters or event recorders. And that's why sometimes I'll actually end up leaning more towards something a little bit longer because it gives them a little extra time. I feel like the heart almost gets shy when it knows we're looking for that pesky arrhythmia. So it's important to use all the tools that we have at our disposal.

So I hope this gave you something to think about tonight with Brian's excellent pearls and things that you can actually put into practice as soon as tomorrow. And thank you all for your attention and being here.

Announcer:

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