ACC/AHA Practice Guidelines

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) Developed in Collaboration With the North American Society for Pacing and Electrophysiology

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Indications for AECG to Assess Symptoms Possibly Related to Rhythm Disturbances

Class I

1. Patients with unexplained syncope, near syncope, or episodic dizziness in whom the cause is not obvious
2. Patients with unexplained recurrent palpitation

Class IIb

1. Patients with episodic shortness of breath, chest pain, or fatigue that is not otherwise explained
2. Patients with neurological events when transient atrial fibrillation or flutter is suspected
3. Patients with symptoms such as syncope, near syncope, episodic dizziness, or palpitation in whom a probable cause other than an arrhythmia has been identified but in whom symptoms persist despite treatment of this other cause

Class III

1. Patients with symptoms such as syncope, near syncope, episodic dizziness, or palpitation in whom other causes have been identified by history, physical examination, or laboratory tests
2. Patients with cerebrovascular accidents, without other evidence of arrhythmia
Indications for AECG to Assess Antiarrhythmic Therapy

Class I
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

Class IIa

1. To detect proarrhythmic responses to antiarrhythmic therapy in patients at high risk

Class IIb

1. To assess rate control during atrial fibrillation
2. To document recurrent or asymptomatic nonsustained arrhythmias during therapy in the outpatient setting

Class III
None
Indications for AECG Arrhythmia Detection to Assess Risk for Future Cardiac Events in Patients Without Symptoms From Arrhythmia

Class I
None

Class IIb

1. Post-MI patients with LV dysfunction (ejection fraction ≤40%)
2. Patients with CHF
3. Patients with idiopathic hypertrophic cardiomyopathy

Class III

1. Patients who have sustained myocardial contusion
2. Systemic hypertensive patients with LV hypertrophy
3. Post-MI patients with normal LV function
4. Preoperative arrhythmia evaluation of patients for noncardiac surgery
5. Patients with sleep apnea
6. Patients with valvular heart disease

Indications for Measurement of HRV to Assess Risk for Future Cardiac Events in Patients Without Symptoms From Arrhythmia

Class I
None

Class IIb

1. Post-MI patients with LV dysfunction
2. Patients with CHF
3. Patients with idiopathic hypertrophic cardiomyopathy

Class III

1. Post-MI patients with normal LV function
2. Diabetic subjects to evaluate for diabetic neuropathy
3. Patients with rhythm disturbances that preclude HRV analysis (ie, atrial fibrillation)
Indications for AECG Monitoring in Pediatric Patients

Class I

1. Syncope, near syncope, or dizziness in patients with recognized cardiac disease, previously documented arrhythmia, or pacemaker dependency
2. Syncope or near syncope associated with exertion when the cause is not established by other methods
3. Evaluation of patients with hypertrophic or dilated cardiomyopathies
4. Evaluation of possible or documented long QT syndromes
5. Palpitation in the patient with prior surgery for congenital heart disease and significant residual hemodynamic abnormalities
6. Evaluation of antiarrhythmic drug efficacy during rapid somatic growth
7. Asymptomatic congenital complete AV block, nonpaced

Class IIa

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. Evaluation of cardiac rhythm after initiation of an antiarrhythmic therapy, particularly when associated with a significant proarrhythmic potential
3. Evaluation of cardiac rhythm after transient AV block associated with heart surgery or catheter ablation
4. Evaluation of rate-responsive or physiological pacing function in symptomatic patients

Class IIb

1. Evaluation of asymptomatic patients with prior surgery for congenital heart disease, particularly when there are either significant or residual hemodynamic abnormalities, or a significant incidence of late postoperative arrhythmias
2. Evaluation of the young patient (<3 years old) with a prior tachyarrhythmia to determine if unrecognized episodes of the arrhythmia recur
3. Evaluation of the patient with a suspected incessant atrial tachycardia
4. Complex ventricular ectopy on ECG or exercise test

Class III

1. Syncope, near syncope, or dizziness when a noncardiac cause is present
2. Chest pain without clinical evidence of heart disease
3. Routine evaluation of asymptomatic individuals for athletic clearance
4. Brief palpitation in the absence of heart disease
5. Asymptomatic Wolff-Parkinson-White syndrome