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## **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  $\leq 40\%$ )**
- 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**