

Atrial Tachycardia

Atrial Tachycardia is a disturbance affecting the rhythm of the heart. In this condition the upper chambers of the heart, also known as the atria, start to beat very rapidly. Since the upper chambers are involved in the control of the rate and rhythm of the heart, this condition can cause the heart beat to alter.

While for some, there may be no symptoms when the heart changes from normal (sinus) rhythm to an Atrial Tachycardia, some people do notice this change in rhythm and may experience a powerful beating in the chest (a palpitation). Sometimes this palpitation starts as a slow, powerful beating which gradually speeds up, this is known as a 'Warm-up Phenomena'. Atrial Tachycardia can also be associated with other abnormal heart rhythms that occur in the top chambers of the heart. For instance, once the palpitation has become a regular powerful beat, it may become erratic if the Atrial Tachycardia changes into Atrial Fibrillation.

Atrial Tachycardia can be seen at any age. Children with congenital heart disease (abnormalities in the structure of the heart present from birth) can suffer from this problem; however, older people with normal hearts or with other forms of heart disease can also suffer. Short periods of Atrial Tachycardia can commonly be seen in the older heart. People who suffer from chronic bronchitis can may suffer from periods of Atrial Tachycardia. Occasionally in some patients taking digitalis (or digoxin) Atrial Tachycardia may occur intermittently.

If the heart is healthy in all other ways, then Atrial Tachycardia may not be a concern although it may cause some unpleasant symptoms. However, if Atrial Tachycardia continues for a long time then there is a danger of the heart muscle becoming 'tired' and unable to work to its full capacity. The technical name for this problem is: 'Tachycardia Induced Cardiomyopathy'. If the heart rhythm is slowed or returned to normal this problem generally recovers.

If your clinician suspects an Atrial Tachycardia they will want to investigate further. This investigation will include a heart tracing (an

ECG) and blood tests. The blood tests are checking that the kidney function is acceptable, that the blood iron levels are within normal range and the thyroid gland (a gland in the neck which produces the thyroxine hormone which regulates the basic speed of the body) is working properly.

If you do not have symptoms when the ECG test is performed then taking an ECG recording over the course of a day may be needed. This can be performed using an Ambulatory Rhythm Monitor, a small recorder connected to the chest by wires and worn throughout the day and night, usually for 24 hours but sometimes longer.

Once the diagnosis has been made then treatment maybe suggested. If the blood tests have shown the Atrial Tachycardia to be caused by other problems in the body then treatment of this problem may solve the problem.

If other investigations are required these will be suggested and other treatment may be offered. This may be:

Medication:

This is usually in the form of Beta-blockers or Rate Limiting Calcium Channel Blockers (see AFA sheets). In some people more complex rhythm medication may be used.

Cardioversion:

If the Atrial Tachycardia is persistent then it may be necessary to consider a cardioversion. This may be performed using medication (a medical cardioversion), or in some cases, through an 'electrical cardioversion' (see AFA Fact Sheets and booklet). This is done while the patient is briefly under anaesthetic.

Catheter Ablation:

In this procedure fine wires are passed into the heart. If the area in the top chamber of the heart (atria) that is thought to be causing the problem can be identified, the tissue can be gently heated and this can often resolve the problem.

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