

## ESC 2014: Expert Consensus on Ventricular Arrhythmias



The first expert consensus on ventricular arrhythmias has been published. The novel document compiles current evidence on the diagnosis and management of ventricular arrhythmias and was agreed by international experts from three continents.

The "EHRA/HRS/APHRS Expert Consensus on Ventricular Arrhythmias" was published on-line in EP Europace (1). It was written jointly by the European Heart Rhythm Association (EHRA) of the European Society of Cardiology (ESC), the Heart Rhythm Society (HRS) and the Asia Pacific Heart Rhythm Society (APHRS).

Professor Christian Torp-Pedersen (Denmark), EHRA co-chairperson of the writing group, said: "This is the first document to provide guidelines on the management of all ventricular arrhythmias. The recommendations are particularly strong because they have been agreed by experts from three societies in Europe, the US and Asia. This avoids discrepancies and the unnecessary uncertainty that can arise from having different documents."

He added: "Cardiologists depend on guidelines particularly when the evidence is weak and this is the case for ventricular arrhythmias. Most of our recommendations rely on consensus from international experts because there is a relatively small amount of evidence available. This is because interventions to prevent sudden death and treat ventricular arrhythmias were developed at a time when patient cohorts were small and there were lower standards for demonstrating effectiveness. New treatments have also emerged including ablation."

The document covers the entire spectrum of ventricular arrhythmias from those that are benign and asymptomatic to those that produce severe symptoms including sudden cardiac death. The recommendations are based on a thorough review of the medical literature on ventricular arrhythmias.

The writing group recommends that very simple arrhythmias with no signs of underlying structural heart disease or an inherited arrhythmia do not require further evaluation. Professor Torp-Pedersen said: "This recommendation will spare patients unnecessary tests that the doctor may have done primarily to cover his own back and make sure nothing has been missed. Physicians always find it easier to do a lot of examinations but quite often it is more appropriate not to do anything. This recommendation validates what many physicians have been doing for some time and says it is acceptable to send patients home with no further evaluation."

A series of recommendations are provided on the use of antiarrhythmic drugs to inhibit ventricular arrhythmias and improve symptoms. Professor Torp-Pedersen said: "There is much uncertainty around the use of antiarrhythmic drugs to inhibit ventricular arrhythmias and these recommendations are likely to reassure physicians about which drug to use in which situation."

A new list is provided on the options for evaluating and treating ventricular tachycardia/ventricular fibrillation storm. This includes medication, devices and catheter ablation. New recommendations are also given for the treatment of ventricular arrhythmias in adults with congenital heart disease.

Professor G. Neal Kay (US), HRS co-chairperson of the writing group, said: "Because of the wide range of arrhythmias with different prognoses, clinicians need expert guidance on how best to evaluate and treat each of their patients with these disorders. This expert consensus provides the best knowledge presently available on how clinicians should evaluate and treat patients with the entire spectrum of ventricular arrhythmias."

Professor Jon Kalman (Australia), APHRS co-chairperson of the writing group, said: "A number of international recommendations overlap with this consensus document but this is the first time that guidance on the management of ventricular arrhythmias has been compiled in one place. Our recommendations provide expert advice on all ventricular arrhythmias and should help clinicians to make decisions in their daily practice."

Reference: European Society of Cardiology

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