

Table 1. ESC 2019 GL on SVT. Recommendations for therapy of SVT in patients with suspected or established heart failure due to tachycardiomyopathy

Catheter ablation for tachycardiomyopathy due to SVT.	I	B
Beta-blockers (from the list with proven mortality and morbidity benefits in HFrEF) for tachycardiomyopathy due to SVT, when catheter ablation fails or is not applicable.	I	A
Consider tachycardiomyopathy in patient with reduced LV ejection fraction with an elevated heart rate (>100 bpm)	I	B
24 h (or multi-day) ambulatory ECG monitoring for diagnosis of tachycardiomyopathy by identifying subclinical or intermittent arrhythmias.	Ia	B
AV nodal ablation with subsequent pacing (“ablate and pace”), either biventricular or His-bundle pacing, if the tachycardia responsible for the tachycardiomyopathy cannot be ablated or controlled by drugs.	I	C

bpm = beats per minute; ECG = electrocardiogram; HFrEF = heart failure with reduced ejection fraction; LV = left ventricular; SVT = supraventricular tachycardia.

Table 2. ESC 2022 GL on VA and SCD. Recommendations for the management of patients with premature ventricular complex-induced or premature ventricular complex-aggravated cardiomyopathy

Diagnostic evaluation

In patients with an unexplained reduced EF and a PVC burden of at least 10%, PVC-induced cardiomyopathy should be considered. Ila C

CMR in patients with suspected PVC-induced cardiomyopathy. Ila B

Treatment

Catheter ablation in patients with a cardiomyopathy suspected to be caused by frequent and predominately monomorphic PVCs. I C

In patients with a cardiomyopathy suspected to be caused by frequent and predominately monomorphic PVCs, treatment with AADs^a, if catheter ablation is not desired, suspected to be high-risk, or unsuccessful. Ila C

In patients with SHD in whom predominately monomorphic frequent PVCs are suspected to be contributing to the cardiomyopathy, AAD (amiodarone) treatment or catheter ablation. Ila B

In non-responders to CRT with frequent, predominately monomorphic PVCs limiting optimal biventricular pacing despite pharmacological therapy, catheter ablation or AADs. Ila C

AAD, anti-arrhythmic drug; CMR, cardiac magnetic resonance; CRT, cardiac resynchronization therapy; EF, ejection fraction; ICD, implantable cardioverter defibrillator; LV, left ventricular; PVC, premature ventricular complex; SHD, structural heart disease.

^a Flecainide only in selected patients (ICD recipients, only moderate LV dysfunction).

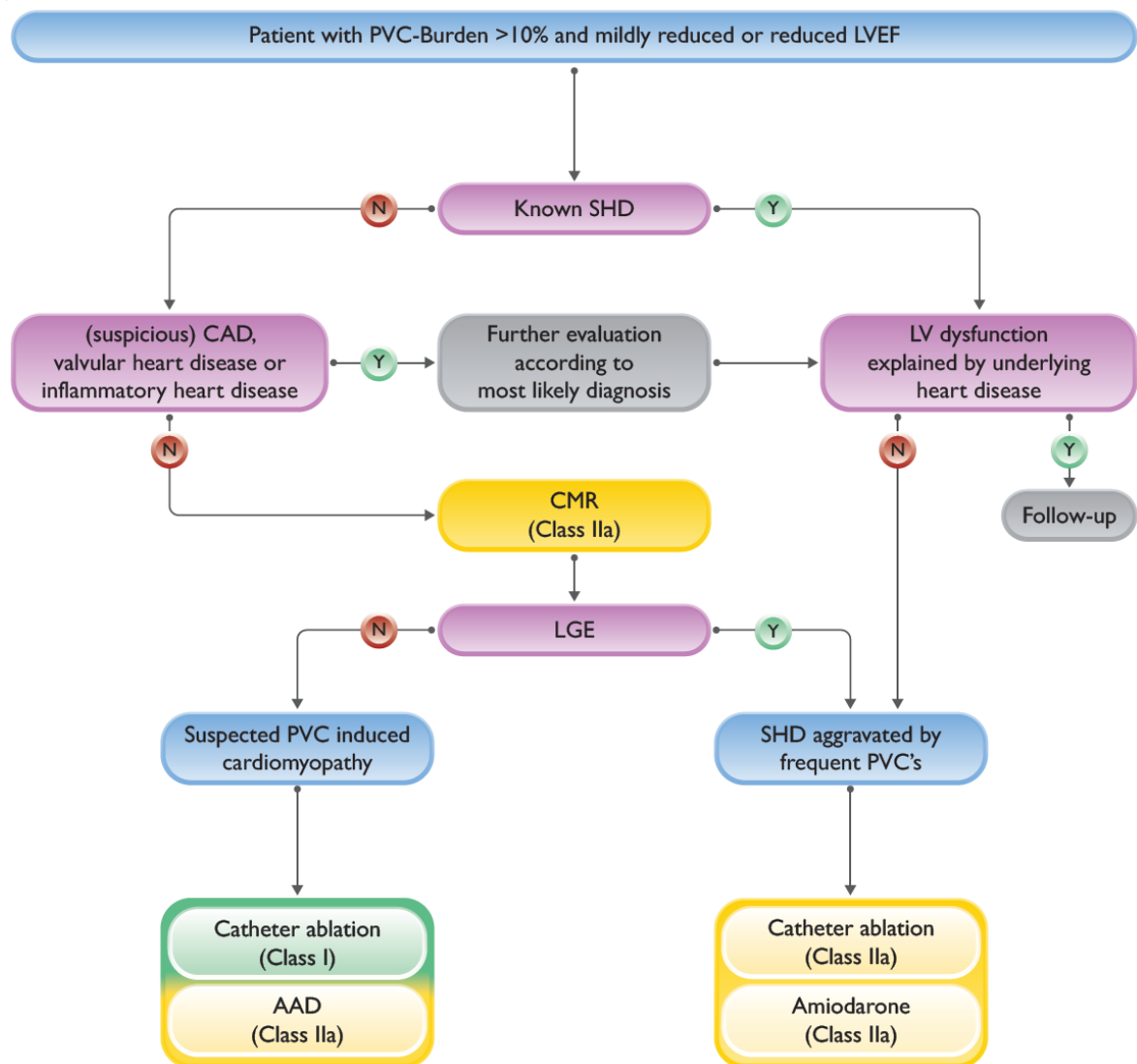


Figure 1. ESC 2022 GL on VA and SCD. Algorithm for the management of patients with premature ventricular complex-induced/-aggravated cardiomyopathy.

AAD, anti-arrhythmic drug; CAD, coronary artery disease; CMR, cardiac magnetic resonance; LGE, late gadolinium enhancement; LV, left ventricular; LVEF, left ventricular ejection fraction; N, No; PVC, premature ventricular complex; SHD, structural heart disease; Y, Yes.

2022 ESC Guidelines for the management of patients with ventricular arrhythmias and the prevention of sudden cardiac death. Eur Heart J. 2022.