Palpitations Treatment

Self-Care at Home

Since there are numerous types of palpitations, the treatment is usually specific to the diagnosis. In those people with a yet undiagnosed palpitation, minor lifestyle changes may help minimize symptoms. These include stopping the use of caffeine, alcohol, and over the counter cold medications.

Patients with palpitations should try to keep a journal of when, where, and what circumstances surround their palpitations. They should learn how to take their pulse and document their pulse rate, whether the palpitations occur in isolation or in a pattern, and what associated symptoms exist, including lightheadedness, nausea, sweating, chest pain, or shortness of breath.

Chest pain (or any other signs of heart attack including jaw pain, indigestion, or extreme fatigue), shortness of breath, or passing out should prompt the patient or a family member to call 911 and seek medical attention immediately.

Medical Treatment

In the acute setting, for a person with a supraventricular tachycardia or atrial fibrillation, the goal is to slow the rate and establish the diagnosis. Sometimes, attempts will be made to use vasovagal maneuvers to block the adrenalin forces in the body. One such maneuver asks the patient to hold their breath while bearing down hard as if to have a bowel movement.

Adenosine can be given as a single intravenous injection that may reset the pacemaker cells and allow the heart to go back into a normal rhythm, or it may slow the heart rate temporarily to allow the doctor to define the heart rhythm and then suggest the appropriate medication for control or cure. Other medications that may be used include beta blockers and calcium channel blockers.

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Some rhythms, like Wolfe-Parkinson-White SVT, have specific electrical short circuits that can be treated by the administration of high-frequency electrical energy ("burning") during heart catheterization and using high frequency ultrasound to ablate or destroy the abnormal electrical pathway and cure the problem. This is opportunity is limited to use in a few situations.

If the rapid heart rate is associated with chest pain, shortness of breath, or low blood pressure, an emergent situation exists, and electrical shocks may be administered with anesthesia to convert the heart to a more stable and slower rhythm.

For more information, read the complete article, Palpitations on http://www.emedicinehealth.com.

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