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DAMIAN RASCH, D.O.

ENCINITAS · LA JOLLA, CALIFORNIA



PATIENT HANDOUT · EXTRA HEARTBEATS

Those Extra Heartbeats

What PVCs are, why they feel the way they do, and the signs that call for a closer look.

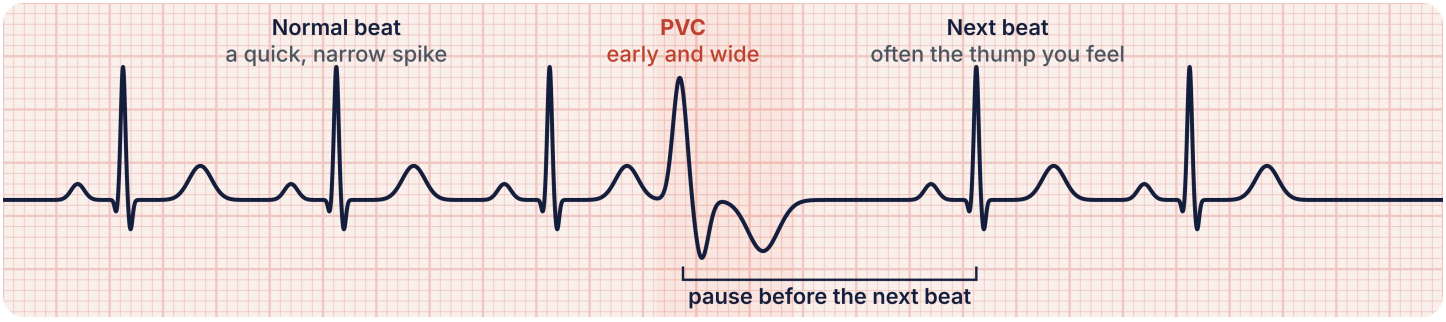
1–2%
burden many people carry with no symptoms and no problems

Under 5%
of all heartbeats is generally considered a low burden

Over 10%
of heartbeats is where PVCs may start to affect heart function over time

WHAT YOU'RE FEELING

An early beat, a pause, then a hard thump



PVCs (premature ventricular contractions) start in the ventricles, the heart's lower chambers, when cells there fire before the normal signal arrives. The early beat pumps little blood. Your heart pauses and refills, and the next normal beat is stronger, which is often what you feel.

COMMON TRIGGERS

What can bring them on

Caffeine and stimulants
Coffee, energy drinks, pseudoephedrine cold medicines, cocaine and methamphetamine.

Alcohol
Even moderate drinking in some people, and binge drinking especially.

Stress and short sleep
Stress hormones excite heart cells, and short sleep lowers the bar for extra beats.

Low potassium or magnesium
Common with water pills, or after severe vomiting or diarrhea.

Smoking
Nicotine is a stimulant, and quitting may reduce them.

Other conditions
Thyroid disease, anemia and sleep apnea can drive PVCs. Treating them often helps.

Usually benign

In a structurally normal heart, with no family history of sudden death, even frequent PVCs are usually benign. That's why I check the structure and strength of your whole heart along with counting the extra beats.

RED FLAGS AND TREATMENT ARE ON THE BACK

EVALUATION AND TREATMENT

When to relax, and when to look closer

REASSURING SIGNS

A normal heart	No known heart disease and a normal echocardiogram, especially if you're under 40.
Fewer with exercise	PVCs that fade when you're active and show up at rest.
Stable for years	The same pattern for years, not getting worse.
A low burden	Under 5% of all heartbeats on a monitor. Between 5 and 10%, I start paying more attention, especially with symptoms.

RED FLAGS

Passing out or nearly passing out	PVCs shouldn't make you lose consciousness. If they do, a more serious rhythm may be involved.
Worse with exercise	PVCs that increase or persist during exertion can point to heart disease, so I order a stress test.
A prior heart attack or weak heart	Scar tissue can trigger dangerous rhythms, so I look at PVCs more closely.
Family history of sudden death	Especially at a young age. Inherited heart muscle conditions need to be ruled out.
A very high burden	Above 10%, PVCs may start to affect heart function, and some studies show burdens of 15 to 20% or more can weaken the heart muscle. The weakening often reverses once the PVCs are suppressed.

TREATMENT STEPS

Often, nothing more	With a normal heart, a low burden and symptoms that don't bother you much, many people need no treatment. The monitor may be repeated in a year.
Triggers first	Cut caffeine and energy drinks, limit alcohol, get enough sleep, manage stress, stop smoking and correct low potassium or magnesium.
Medication	For bothersome PVCs, beta-blockers come first, with calcium channel blockers as an alternative. Stronger rhythm drugs are kept for high burdens that don't respond to simpler treatment, or for PVCs that have weakened the heart, and they need closer monitoring.
Ablation	For very high burdens or PVCs that have weakened the heart, catheters find the spot where the PVCs start and destroy that small patch with heat or freezing. Cure rates top 80% for many types in experienced centers. Risks include bleeding, infection and, rarely, damage to the heart's normal wiring.

TESTS YOU MAY HAVE

An EKG, a Holter monitor worn for 24 to 48 hours to measure your PVC burden, an echocardiogram to check the heart's structure and pumping strength, sometimes an exercise test, and blood work for electrolytes, thyroid and anemia.

READ THE FULL ARTICLE

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pvcs-premature-ventricular-contractions

For education only, and not a substitute for advice from your own physician. Sources include the 2017 AHA/ACC/HRS ventricular arrhythmia guideline, Marcus (Circulation 2020), Baman (Heart Rhythm 2010) and Latchamsetty and Bogun (JACC: Clinical Electrophysiology 2019).

DR. DAMIAN RASCH, D.O. · BOARD-CERTIFIED INVASIVE CARDIOLOGIST · ENCINITAS AND LA JOLLA, CA

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