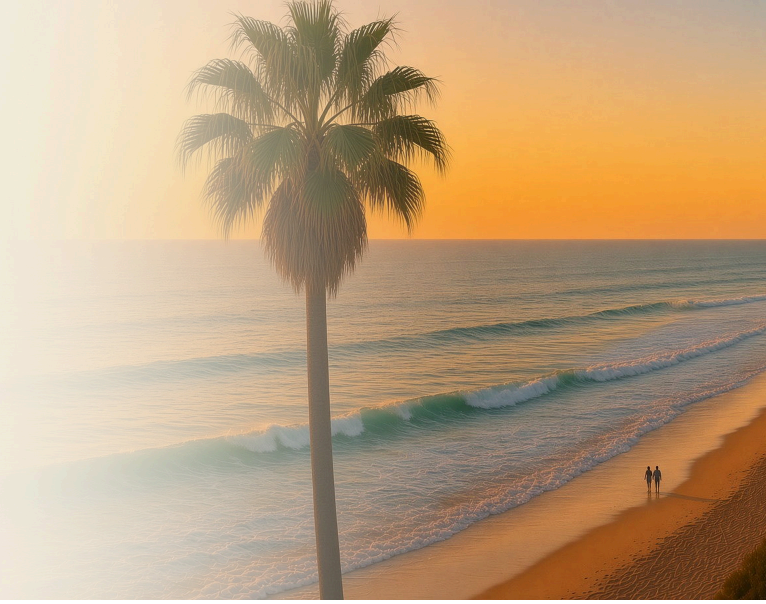
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Breaking a Racing Heart

Simple moves that often stop a racing-heart episode of SVT in seconds. How to do them safely, and when to go in instead.

43%
back in normal rhythm at one minute with the modified Valsalva in a UK trial, versus 17% with the standard one

15 + 15
seconds of strain, then 15 lying flat with your legs raised

15–30
minutes into an episode, if you feel well and the maneuvers haven't worked, it's time to go to the ER

THE FIRST THING TO TRY

The modified Valsalva, step by step

1 Sit back and strain
Sit on your bed or a recliner at about 45 degrees. Take a deep breath and bear down firmly for 15 seconds, like blowing up a stiff balloon.

2 Lie flat, legs up
Right away, lie completely flat while someone raises your legs straight up to about 45 degrees, against a wall, a chair or their arms, for 15 seconds.

3 Sit back up
Sit back up after the 15 seconds. If you're still racing at one minute, that attempt didn't work, so wait a minute and try again.

A practical trick is to blow into a 10 mL plastic syringe and try to move the plunger. Steady, moderate effort is the goal. If you live alone, strain for 15 seconds at 45 degrees, then drop flat on your back and swing your legs up a wall or onto the headboard. Some people feel briefly lightheaded during the leg raise, and it usually passes within seconds of the rhythm breaking.

IF IT DOESN'T BREAK

Your plan for an episode at home

1 Modified Valsalva — 15 seconds of strain, then 15 legs up

→ still racing

2 Try it once more — after waiting a minute

→ still racing

3 Diving reflex, once — ice water or an ice-cold washcloth on the face

→ still racing

! Go to the ER — if you feel well and it passes 15 to 30 minutes

Call 911 at any point for
fainting or nearly fainting, chest pain, severe shortness of breath or confusion

For the diving reflex, fill a bowl with water and ice, take a deep breath and hold your face in it for 15 to 30 seconds. A washcloth dipped in ice water and pressed firmly across the forehead, eyes and bridge of the nose also works. Skip the diving reflex if you have cold-induced asthma or severe coronary artery disease.

Rehearse it once

Most SVT episodes aren't dangerous, and these maneuvers often stop them in under a minute. Practice the modified Valsalva once or twice on a normal day, so it's muscle memory when you need it.

WHEN TO GO STRAIGHT IN AND WHAT TO SKIP ARE ON THE BACK

KNOW WHEN TO STOP

When to go in, and what to skip at home

SKIP THE MANEUVERS, CALL 911

don't try them first

Chest pain	Pain that feels like pressure or squeezing, more than mild palpitations.
Fainting	Fainting or nearly fainting.
Breathing	Severe shortness of breath.
Confusion or weakness	Confusion or profound weakness.

GET CHECKED SOONER

a lower threshold to be seen

A first episode	If you've never been diagnosed with SVT, get evaluated this time. The first event needs an EKG, ideally captured during the episode.
Heart disease	Advanced coronary artery disease, heart failure or severe valve disease make a fast rhythm harder for your heart to tolerate.
Rhythm medicines	If you take an antiarrhythmic medicine, the situation could be more complex than simple SVT.
Pregnancy	The modified Valsalva and diving reflex are safe and preferred. Persistent SVT needs prompt evaluation.
Not your usual	Symptoms that don't fit the usual pattern of your SVT episodes.

AVOID AT HOME

Carotid massage	Firm pressure on the neck artery can, in theory, loosen plaque and send it to the brain. The stroke risk is highest in older adults and anyone with a carotid bruit (a whooshing sound a doctor hears over the neck artery), a past stroke or TIA (mini-stroke), or carotid narrowing. It is for a clinician to do, never at home, even if someone has shown you how. It is not used in children.
Eyeball pressure	Pressing on the eyes was once taught, but it can damage the eye and has been removed from modern guidelines.

BETWEEN EPISODES

Daily medicine	A beta blocker or calcium channel blocker can reduce how often episodes happen.
Catheter ablation	A procedure that destroys the small piece of tissue that creates the loop. Success runs about 95 to 98 percent for AVNRT and 93 to 95 percent for AVRT, the two most common types, usually with same-day discharge.

IN THE EMERGENCY ROOM

Adenosine, a fast IV medicine, stops these common types in roughly 90 percent of cases. It can bring chest tightness, a flush of warmth or a sense of doom that lasts only seconds. Most visits take a few hours and end with you going home in normal rhythm.

READ THE FULL ARTICLE

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vagal-maneuvers-svt

For education only, and not a substitute for advice from your own physician. Sources include the REVERT trial (Lancet 2015), the 2015 ACC/AHA/HRS and 2019 ESC SVT guidelines and a 2015 Cochrane review of the Valsalva maneuver.

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