

(*Circulation*. 1999;100:886-893.)
© 1999 American Heart Association, Inc.

ACC/AHA Practice Guidelines

ACC/AHA Guidelines for Ambulatory Electrocardiography: Executive Summary and Recommendations

**A Report of the American College of Cardiology/American Heart
Association Task Force on Practice Guidelines (Committee to Revise the
Guidelines for Ambulatory Electrocardiography) *Developed in
Collaboration With the North American Society for Pacing and
Electrophysiology***

Committee Members

Michael H. Crawford, MD, FACC, Chair; Steven J. Bernstein, MD, MPH, FACP;
Prakash C. Deedwania, MD, MBBS, FACC; John P. DiMarco, MD, PhD, FACC; Kevin
J. Ferrick, MD, FACC; Arthur Garson, Jr, MD, MPH, FACC; Lee A. Green, MD, MPH,
FAAFP; H. Leon Greene, MD, FACC; Michael J. Silka, MD, FACC; Peter H. Stone,
MD, FACC; Cynthia M. Tracy, MD, FACC

Task Force Members

Raymond J. Gibbons, MD, FACC, Chair; Joseph S. Alpert, MD, FACC; Kim A. Eagle,
MD, FACC; Timothy J. Gardner, MD, FACC; Arthur Garson, Jr, MD, MPH, FACC;
Gabriel Gregoratos, MD, FACC; Richard O. Russell, MD, FACC; Thomas J. Ryan, MD,
FACC; Sidney C. Smith, Jr, MD, FACC

Indications for AECG to Assess Symptoms Possibly Related to Rhythm Disturbances

Class I

- 1. Patients with unexplained syncope, near syncope, or episodic dizziness in whom the cause is not obvious**
- 2. Patients with unexplained recurrent palpitation**

Class IIb

- 1. Patients with episodic shortness of breath, chest pain, or fatigue that is not otherwise explained**
- 2. Patients with neurological events when transient atrial fibrillation or flutter is suspected**
- 3. Patients with symptoms such as syncope, near syncope, episodic dizziness, or palpitation in whom a probable cause other than an arrhythmia has been identified but in whom symptoms persist despite treatment of this other cause**

Class III

- 1. Patients with symptoms such as syncope, near syncope, episodic dizziness, or palpitation in whom other causes have been identified by history, physical examination, or laboratory tests**
- 2. Patients with cerebrovascular accidents, without other evidence of arrhythmia**

Indications for AECG to Assess Antiarrhythmic Therapy

Class I

To assess antiarrhythmic drug response in individuals in whom baseline frequency of arrhythmia has been characterized as reproducible and of sufficient frequency to permit analysis

Class IIa

- 1. To detect proarrhythmic responses to antiarrhythmic therapy in patients at high risk**

Class IIb

- 1. To assess rate control during atrial fibrillation**
- 2. To document recurrent or asymptomatic nonsustained arrhythmias during therapy in the outpatient setting**

Class III

None

Indications for AECG Arrhythmia Detection to Assess Risk for Future Cardiac Events in Patients Without Symptoms From Arrhythmia

Class I

None

Class IIb

- 1. Post-MI patients with LV dysfunction (ejection fraction $\leq 40\%$)**
- 2. Patients with CHF**
- 3. Patients with idiopathic hypertrophic cardiomyopathy**

Class III

- 1. Patients who have sustained myocardial contusion**
- 2. Systemic hypertensive patients with LV hypertrophy**
- 3. Post-MI patients with normal LV function**
- 4. Preoperative arrhythmia evaluation of patients for noncardiac surgery**
- 5. Patients with sleep apnea**
- 6. Patients with valvular heart disease**

Indications for Measurement of HRV to Assess Risk for Future Cardiac Events in Patients Without Symptoms From Arrhythmia

Class I

None

Class IIb

- 1. Post-MI patients with LV dysfunction**
- 2. Patients with CHF**
- 3. Patients with idiopathic hypertrophic cardiomyopathy**

Class III

- 1. Post-MI patients with normal LV function**
- 2. Diabetic subjects to evaluate for diabetic neuropathy**
- 3. Patients with rhythm disturbances that preclude HRV analysis (ie, atrial fibrillation)**

Indications for AECG Monitoring in Pediatric Patients

Class I

1. **Syncope, near syncope, or dizziness in patients with recognized cardiac disease, previously documented arrhythmia, or pacemaker dependency**
2. **Syncope or near syncope associated with exertion when the cause is not established by other methods**
3. **Evaluation of patients with hypertrophic or dilated cardiomyopathies**
4. **Evaluation of possible or documented long QT syndromes**
5. **Palpitation in the patient with prior surgery for congenital heart disease and significant residual hemodynamic abnormalities**
6. **Evaluation of antiarrhythmic drug efficacy during rapid somatic growth**
7. **Asymptomatic congenital complete AV block, nonpaced**

Class IIa

1. **Syncope, near syncope, or sustained palpitation in the absence of a reasonable explanation and where there is no overt clinical evidence of heart disease**
2. **Evaluation of cardiac rhythm after initiation of an antiarrhythmic therapy, particularly when associated with a significant proarrhythmic potential**
3. **Evaluation of cardiac rhythm after transient AV block associated with heart surgery or catheter ablation**
4. **Evaluation of rate-responsive or physiological pacing function in symptomatic patients**

Class IIb

1. **Evaluation of asymptomatic patients with prior surgery for congenital heart disease, particularly when there are either significant or residual hemodynamic abnormalities, or a significant incidence of late postoperative arrhythmias**
2. **Evaluation of the young patient (<3 years old) with a prior tachyarrhythmia to determine if unrecognized episodes of the arrhythmia recur**
3. **Evaluation of the patient with a suspected incessant atrial tachycardia**
4. **Complex ventricular ectopy on ECG or exercise test**

Class III

1. **Syncope, near syncope, or dizziness when a noncardiac cause is present**
2. **Chest pain without clinical evidence of heart disease**
3. **Routine evaluation of asymptomatic individuals for athletic clearance**

4. **Brief palpitation in the absence of heart disease**
5. **Asymptomatic Wolff-Parkinson-White syndrome**