

# Optimal Target Heart Rate for Exercise-Induced T-Wave Alternans

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**Objectives:** This study was conducted to determine the optimal target heart rate (HR) for the use of exercise-induced T-wave alternans (TWA) as an index for risk of malignant ventricular tachyarrhythmias.

**Background:** Rate-dependent TWA is an index of vulnerability to ventricular tachyarrhythmias. However, false positive TWA was reported to occur in normal subjects at high HR.

**Methods:** Two groups were evaluated: Group I: 50 patients with malignant ventricular tachyarrhythmias, who received an implantable cardioverter-defibrillator (ICD); and Group II: 55 age-matched normal subjects. In both Groups, TWA was evaluated during symptom-limited bicycle exercise test.

**Results:** Peak HR during exercise test was  $103 \pm 17$  beats/min in Group I, versus  $124 \pm 18$  beats/min in Group II ( $P < 0.001$ ). In Group I, 4 patients were excluded from analysis, due to high noise level or frequent ectopy during exercise. Out of the remaining 46 patients, TWA was present in 28 patients (61%), and absent in 18 (39%). In group II, TWA was present in four subjects (7%), and absent in 51 (93%). HR at the onset of TWA was  $91 \pm 11$ /min in Group I, and  $119 \pm 12$ /min in Group II ( $P < 0.001$ ). Receiver operated characteristics curves demonstrated that a HR of 115 beats/min was the cutoff with the best sensitivity and specificity for TWA (100 and 96%, respectively). None of the patients in Group I developed TWA at HR  $> 115$  beats/min, while two out of four in Group II had TWA at HR  $> 115$ /minutes. However, 13 patients in Group I who had no TWA were unable to exercise to a peak HR  $> 115$  beats/min, compared to nine subjects in Group II.

**Conclusions:** A target HR of 115 beats/min was highly sensitive and specific for determination of exercise-induced TWA as an index of risk of malignant ventricular tachyarrhythmias. However, a significant number of patients may not be able to achieve this target HR, resulting in an indeterminate test. The value of pharmacologic testing in this group should be assessed.

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Alternans of the configuration and/or duration of the T wave, usually referred to as T-wave alternans (TWA) has been described in several clinical situations<sup>1-4</sup> and may reflect the presence of dispersion of ventricular repolarization, a recognized substrate for malignant ventricular tachyarrhythmias.<sup>5</sup>

Recently, digital processing techniques for detection of subtle degrees of TWA alternans, which may not be visible on conventional electrocardiographic (ECG) recordings, have been introduced.<sup>6-8</sup> Microvolt level TWA seems to correlate with vulnerability to ventricular tachyarrhythmias.<sup>6,9-12</sup>

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