

Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:

<https://reachmd.com/programs/cme/psvt-management-suboptimal-care-is-too-frequent/60959/>

Released: 10/01/2026

Valid until: 10/01/2027

Time needed to complete: 1h 05m

ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

PSVT Management: Suboptimal Care Is Too Frequent

Announcer:

You're listening to GLC on ReachMD. This activity is provided by Global Learning Collaborative and is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Brian Rose, PA-C:

Hello, I'm Brian Rose. I'm a PA in cardiology, and I would like to talk to you about paroxysmal supraventricular tachycardia today.

Paroxysmal supraventricular tachycardia is a very common heart rhythm problem. It affects multiple patients in the United States every year. There are definite gender and ethnic disparities that exist within this heart rhythm issue. PSVT specifically is a heart rhythm that can go in excess of 150 to 200 beats per minute and typically originates above the ventricles. While PSVT is not life-threatening, its episodic nature can be anxiety-provoking and require frequent visits to the emergency room and patients to seek out a variety of care.

These episodes can stop and start abruptly. They can often be misinterpreted through their signs and symptoms as other heart rhythm issues. Patients with PSVT can have shortness of breath, palpitations, chest pain, fatigue, and even syncope. Patients often go to the emergency room as a first line of care because of the severity of their symptoms and seeking out quick resolution. Oftentimes, patients are referred to a cardiology specialist or sometimes a cardiology subspecialist known as an electrophysiologist.

There are a variety of medications that are available. Unfortunately, they do not often work. The first line is vagal maneuvers. However, this has been shown in clinical trials to not be nearly as effective as we think. Additionally, patients can be given intravenous medications, or through the IV, which additionally have a variety of effectiveness.

Another issue that arises with patients seeking care for PSVT is the wait time for cardiology and cardiac electrophysiology evaluation. These issues combined have allowed the opportunity to have a new outpatient pathway structure to be able to allow patients to get effective care for PSVT and keep them out of the emergency room. One of these such medications is utilizing an intranasal spray, which we will talk about later. Additionally, patients can go for a catheter ablation, which is performed by a cardiac electrophysiologist.

The opportunity here is for quicker recognition and the ability to have a wide range of medications to be able to treat these patients effectively. This will require collaborative efforts between primary care providers, emergency room providers, cardiologists, and cardiac electrophysiology providers as well. This will also require us to revamp the way we treat paroxysmal SVT in the outpatient setting to allow for more patients to get quicker symptomatic benefit while they are waiting for definitive care, like an ablation.

That is all the time we have. Thank you very much for joining me today.

Announcer:

You have been listening to GLC on ReachMD. This activity is provided by Global Learning Collaborative and is part of our MinuteCE curriculum.

To receive your free CE credit, or to download this activity, go to ReachMD.com/CME. Thank you for listening.