HEART RATE VARIABILITY
TOTAL POWER

in successful atrial flutter amiodaronum cardioversion

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**Diagnosis**

Postreumatic and atherosclerotic myocardiosclerosis, arterial hypertension st. I, eccentric left ventricle hypertrophy, altered liftlets mitral dual protomesosystolic regurgitation st. I, persistent tachysystolic monomodal heart rate adaptive atrial flutter, HF NYHA II
ECG before treatment
atrial flutter
Active tilt-test atrial flutter HR and hrv’ TP changes

HR and hrv’ TP active tilt-test changes are the same as in sinus rhythm patients

• HR increase
• TP decrease
DAILY AMIODARONUM (amiocordin, KRKA) DOSE IN ATRIAL FLUTTER CARDIOVERSION

daily amiodaronum dose, mg

0 200 400 600 800 1000 1200 1400

treatment week

1 2 3 4 5 6 7 8

cardioversion
ECG after atrial flutter
amiodaronom cardioversion
restored sinus rhythm
HR at atrial flutter amiodaronom cardioversion

treatment week

HR, beat/min

1 2 3 4 5 6 7

cardioversion
Heart rate tachogram at atrial flutter
amiodaronum cardioversion

Before treatment
One week treatment
2 weeks treatment
3 weeks treatment
Sinus rhythm
4 weeks treatment
hrv' TP at atrial flutter amiodarone cardioversion
RR-scatterogram at atrial flutter amiodarone cardioversion

Before treatment  2 weeks  4 weeks

1 weeks  3 weeks  6 weeks
RR-distribution at atrial flutter 
amiodarone cardioversion

Before treatment 1 weeks 4 weeks

1 weeks 3 weeks 6 weeks
hrv' spectrogram at atrial flutter amiodaronum cardioversion

Before treatment 2 weeks 4 weeks

1 weeks 4 weeks 6 weeks

Attention! Different pictures have different scale
hrv’ TP dinamic is the criterion of atrial flutter sensitivity to the drug therapy

- hrv’ TP is the measure of atrial flutter chaotic degree
- hrv’ TP fall during therapy is the evidence of atrial flutter chaotic sensitivity to the drug
- Bigger sensitivity means bigger effectiveness

Let use effective reduce atrial flutter hrv’ TP drugs!
Amiodarounum satellite conclusion

- Amiodarounum regularizes atrial flutter heart rhythm
- Amiodarounum leads atrial flutter heart rate out to the more probably in hrv’ frequency
- Criterion of prospective pharmacotherapeutic cardioversion is an effective hrv’ TP fall