



Primary care referral pathway for suspected catecholaminergic polymorphic ventricular tachycardia (CPVT)

NOTE

This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined based on all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.

Network for Inherited Cardiac Conditions Scotland

Primary care referral pathway suspected catecholaminergic polymorphic ventricular tachycardia (CPVT)

CPVT is a genetic heart rhythm disorder associated with a risk of life-threatening ventricular arrhythmia, which may present as:

- Ventricular ectopy during ETT (esp. bidirectional couplets)
- Bidirectional VT, polymorphic VT, torsades de pointes (TdP), which often occurs in bursts
- Syncope or seizures
- Resuscitated VF*
- Sudden cardiac death (SCD) in a family member*

Typically, these will occur during adrenergic stimulation (exercise, emotion, stress).

1) Assess ECG

ECG will be normal in CPVT

2) Consider high-risk features

Unheralded syncope or seizure occurring during exercise refer for in-patient evaluation

3) Refer for evaluation

a) Any clinical suspicion of CPVT Family history of CPVT or of adrenergically-triggered ventricular arrhythmia, syncope or seizures

→ refer to ICC, consider restriction of strenuous exercise pending evaluation

b) If other or direct ICC referral not available, refer to cardiology

FOR CHILDREN WITH SUSPECTED CPVT REFER TO PAEDIATRIC CARDIOLOGY

* See specific NICCS referral and management pathways