Sports and Long QT Syndrome

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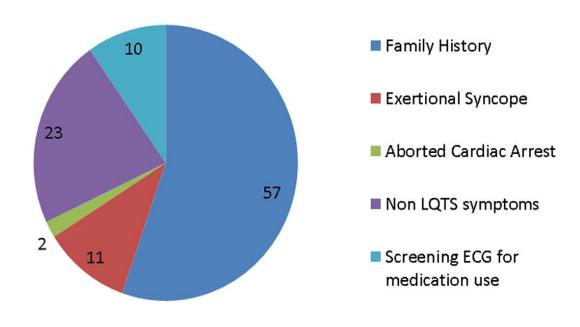
In LQTS, can Sports.....

- Increase risk of arrhythmias
- Increase adrenergic state that reduced ICD efficacy
- Cause Inappropriate shocks
- Cause secondary damage to system

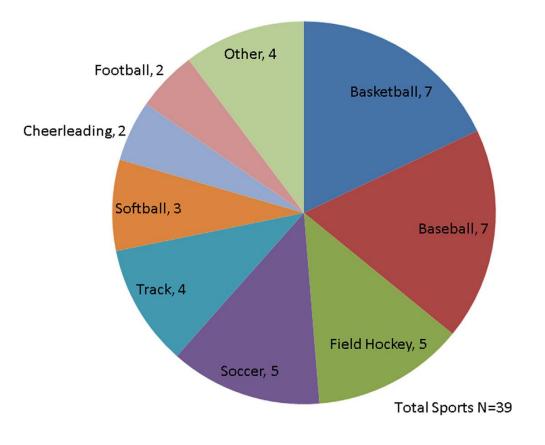


- Improve quality of life
- Reduce comorbidities: obesity, diabetes, Type II, Sleep apnea, stroke, HTN long term
- Improve Social environment

Genotype Positive-Sports participation



- 1998-2013: Childrens Hospital of Philadelphia
- Most diagnosed between age 7-9 years
- N=212 Genotype +
- N=103 Competitive (26) or recreational sports(77)
- 49% female
- Average QTc (All)=468 msec
- Average QTc (Competitive)=426msec



- Sport type diversified
- No LQTS symptoms during sports in treatment compliant patients
- 755 patient years of follow up
- Average follow up 6.6-7.3 years

Safety in Sports in Patients with ICD

Multinational ICD Sports Registry

- Registry: 441 patients age between 2006-2014
- Subgroup 129 athletes: 396 person yrs
- Organized sports/regular competition
- Age 10-21 yrs (median 17 yrs)
 Greater than class 1A

Cardiac diagnosis, n (%)	
Long QT syndrome	49 (38)
Hypertrophic cardiomyopathy	30 (23)
Congenital heart disease	15 (12)
Idiopathic VT/VF (normal heart)	10 (7.8)
Catecholaminergic polymorphic VT	7 (5)
Arrhythmogenic right ventricular cardiomyopathy	6 (5)
Dilated cardiomyopathy	3 (2)
Brugada syndrome	1 (1)
Left ventricular noncompaction	2 (1)
Coronary artery disease	0
Other	6 (4.7)

Saarel et al; Young ICD Patients and Sports: Long-Term Results. *Circ Arrhythm Electrophysiol.* 2018;11:e006305.

Results

Out of 129 athletes

- No tachyarrhythmic deaths
- No external resuscitations during or after sports
- No severe injuries resulting from arrhythmia induced syncope/shock
- 29 appropriate shocks in 18 athletes
- 4 individuals received appropriate shock during competition

Appropriate Shocks during Competition

4 of 129 athletes received appropriate shocks during/after competition

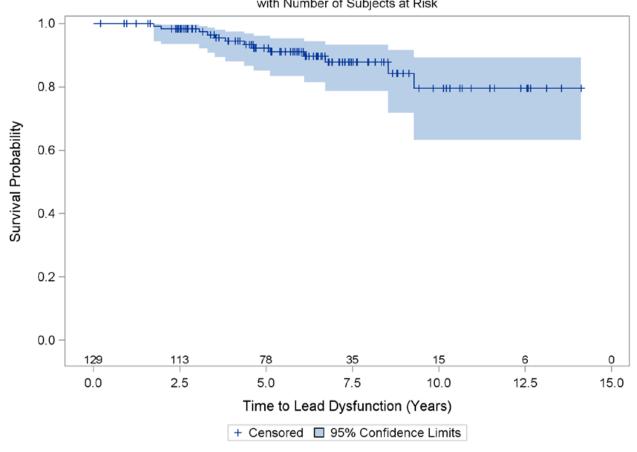
Subject	Age	Sex	Primary Cardiac Diagnosis	ICD Indication	Activity at Time of Shock	Sports Level	Rhythm	
1	14	M	Congenital	VF/arrest	Basketball game	High school JV	VF	
2	16	16 F	LQTS	Syncope	Soccer practice	High school varsity	VF	
					Soccer game	High school varsity	VF	
3	18	10 1	10 14	Idiopothic V/TA/F	\/[/a xxa ct	Baseball game	College division 3	Storm
		M	Idiopathic VT/VF	VF/arrest	Basketball game		VF	
4	15	F	НСМ	Prophylactic	Volleyball practice	High school varsity	VT	

All arrhythmias were terminated with the first high-energy shock. F indicates female; HCM, hypertrophic cardiomyopathy; ICD, implantable cardioverter-defibrillator; JV, junior varsity; LQTS, long QT syndrome; M, male; VF, ventricular fibrillation; and VT, ventricular tachycardia.

35% of all athletes received an inappropriate shock at some point

ICD-Lead System Longevity





Shared Decision Making

- It is reasonable for an asymptomatic athlete with genotypepositive/phenotype-negative LQTS, to participate in all competitive sports with appropriate precautionary measures
- In symptomatic LQTS or ECG manifest LQTS (i.e., corrected QT interval >470 ms in males or >480 ms in females), competitive sports participation may be considered after institution of treatment and appropriate precautionary measures assuming the athlete has been asymptomatic on treatment for at least 3 months
- Except competitive swimming in a previously symptomatic LQT1 host)

AHA/ACC Eligibility and Disqualification Recommendations for Competitive Athletes With Cardiovascular Abnormalities-Cardiac Channelopathies

Ackerman et al. JACC Volume 66, Issue 21, 1 December 2015, Pages 2424-2428

Appropriate Precautions



