

Severe COVID-19 Increases Risk of Ventricular Tachycardia



According to research presented at EHRA 2023, patients with severe COVID-19 requiring mechanical ventilation have an increased risk of developing ventricular tachycardia and other heart rhythm disorders within six months. The study found that these patients had a higher risk of developing ventricular tachycardia than those without a severe COVID-19 infection.

The study aimed to examine the long-term risk of arrhythmias among COVID-19 patients who required mechanical ventilation and were discharged from the ICU. The primary outcome of the study was hospitalisation with ventricular tachycardia, atrial fibrillation, other tachyarrhythmias, or bradycardia/pacemaker implantation.

The study included 3,023 severe COVID-19 patients. Study patients had received mechanical ventilation. The control group comprised 28,463 individuals from the general population. The average age of participants was 62 years. Around 30% were women. The researchers adjusted the analyses for various factors, including sex, age, diabetes, high blood pressure, high lipids, chronic kidney disease, and socioeconomic status.

Patients were followed-up for nine months. Findings showed that patients with a severe COVID-19 infection that required mechanical ventilation had a 16-fold risk of ventricular tachycardia, a 13-fold risk of atrial fibrillation, a 14-fold risk of other tachyarrhythmias, and a 9-fold risk of bradycardia/pacemaker implantation compared to the control group.

Study authors recommend that COVID-19 patients who required mechanical ventilation should seek medical attention if they experience palpitations or irregular heartbeats after hospital discharge. They also suggest that hospital systems should prepare for an increase in the number of patients requiring management for new-onset arrhythmias.

Source: [ESC](#)

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