

OPTIMAL DURATION OF HOLTER RECORDINGS: IS THERE ADDITIONAL YIELD FROM 48 VERSUS 24 HOURS?

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INTRODUCTION

- Holter monitors are often used for evaluation of palpitations, syncope, heart rate, and detection of arrhythmias
- The duration of a typical Holter recording is either 24 or 48 hours
- Little research has been targeted at determining the ideal duration of monitoring
- We examined the yield of 24 versus 48 hours of Holter monitoring

OBJECTIVE

To determine if there is additional yield from performing 48 hour Holters over 24 hour Holters

METHODS

- 60 consecutive 48-hour Holter monitors (Philips LifeWatch™) from 2012-2013 were analyzed
- Data was extracted for 16 variables for the first 24 hours (Day 1) and second 24 hours (Day 2) of each recording
- Variables included heart rate, ectopy, arrhythmias, and QTc
- Statistical differences were calculated using two-sample t-tests for continuous variables

| Variable | Day 1 | Day 2 | p value |
|--------------------|----------|-----------|---------|
| Mean HR | 76.93 | 77.56 | 0.47 |
| Min HR | 49.92 | 50.42 | 0.21 |
| Max HR | 127.23 | 129.55 | 0.12 |
| Number of PACs | 457.10 | 369.88 | 0.38 |
| Number of SVT Runs | 2.23 | 1.86 | 0.49 |
| Longest SVT Run | 5.41 | 6.73 | 0.48 |
| AF duration (min) | 22.50 | 23.40 | 0.01 |
| AF beats | 99696.60 | 103793.20 | 0.30 |
| Number of PVCs | 242.30 | 216.15 | 0.24 |
| Number of Couplets | 18.43 | 22.28 | 0.16 |
| Number of Triplets | 1.63 | 2.37 | 0.31 |
| Number of VT Runs | 5.75 | 6.50 | 0.32 |
| Longest VT Run | 2.50 | 5.50 | 0.32 |
| Avg QTc | 444.18 | 447.53 | 0.11 |
| Min QTc | 348.65 | 366.07 | 0.01 |
| Max QTc | 609.43 | 604.97 | 0.66 |

RESULTS (see table)

- Mean age=53 (range=18-88) years;
 47% were male
- Indications for Holter:
 - Palpitations (n=42)
 - Presyncope (n=4)
 - Monitoring for atrial arrhythmia (n=3)
 - AV block (n=2)
 - AF rate control (n=3)
 - Ventricular arrhythmia detection (n=3)
 - Sick sinus syndrome (n=2)
 - Prolonged QT (n=1)
- There were no significant differences between Day 1 versus Day 2 for all variables, except minimum QTc (441 ms vs. 446 ms, p=0.04) and AF duration (22.5 min vs. 23.4 min, p=0.01)

CONCLUSIONS

- In our cohort of unselected patients, we found no statistically or clinically significant differences in Holter data collected during the first 24 hours and the second 24 hours of a 48-hour recording
- Our results suggest that a 48 hour Holter recording does not increase yield over a 24 hour recording
- There may be decreased cost (48 hour Holters were billed as two 24 hour Holters) and less patient inconvenience