

# Monitoring for fast heart rhythms detected by your pacemaker/defibrillator

Department of Cardiology

Information for Patients

Last reviewed: December 2023

Next review: December 2026

Leaflet number: 868 Version: 2

## Introduction

Your pacemaker or defibrillator is a device that monitors and treats fast or slow heart rhythms. Your device check has found an 'atrial high-rate episode' (AHRE). This leaflet explains what this is.

## What is an atrial high-rate episode (AHRE)?

Pacemakers and defibrillators can keep track of the heart rhythm and record high or low heart rates which may suggest a heart rhythm problem.

An AHRE is a fast heart rhythm seen by a device. It comes from the top chambers of the heart (the atrium). Many patients with AHREs can develop another rhythm problem called atrial fibrillation (AF). AHREs may be an early stage of AF.

AF is a common type of heart rhythm problem.

- It is confirmed by an ECG (a test that checks for problems with the electrical activity of the heart). However,
- It cannot be confirmed using your device recordings.
- AF can raise the risk of blood clotting and stroke.
- Patients with AF are offered 'blood thinning' tablets, called anticoagulation. These can reduce the chance of stroke.
- We assess your risk of stroke and the need for blood thinning tablets based on your specific needs.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## If blood thinning tablets are needed in AF, why isn't it the same for AHREs?

AF is confirmed with an ECG at the time of the abnormal heart rhythm. AHREs are electrical signals recorded by the pacemaker. These may have happened since your last check. The need for blood thinning tablets has only been studied in patients with AF and not AHREs.

AHREs have a small risk of stroke but it is not known if blood thinning tablets reduce this risk.

## Do I need blood thinning tablets?

There is some evidence that AHREs that last longer than 24 hours have a higher risk of stroke than if it less than 24 hours. At Glenfield Hospital, we have decided blood thinning tablets should be offered to those at the highest risk:

- An AHRE lasting longer than 24 hours.
- An AHRE in any patient who has had a stroke in the past.

Your AHRE was less than 24 hours and you have not had a stroke in the past. We would **not** recommend blood thinning tablets.

## What should I do now?

- We will send you will be sent an appointment for a heart monitor which you will wear for up to 7 days.
- A heart monitor is a device that is attached with stickers to the skin. It records the electrical activity of the heart.
- If we find AF on this monitor, we will ask your GP to contact you if you need blood thinning tablets.

## Contact details

If you have any questions or concerns you can call the Pacemaker Clinic on 0116 258 3837.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)