



WHAT?

Congenital or acquired disorder which causes the QT interval to be prolonged (**>450ms**)

- **Genetic mutation** affects Na and K channels
- **Drugs** e.g. TCA, SSRIs, haloperidol and many more
- **Electrolyte disturbance** e.g. hypokalaemia and hypocalcaemia
- **Heart disease**

Prolonged repolarisation of the ventricles which causes arrhythmias. Diagnosed with aid of ECG and **Schwartz criteria**.

Romano-Ward syndrome and **Jervell and Lange-Nielsen syndrome** are genetic forms of long QT syndrome.

WHY?

Affects 1:2500 people worldwide. Patients may remain asymptomatic BUT Long QT syndrome is Associated with **syncope**, especially on exertion and...

SUDDEN CARDIAC ARREST

It is often **misdiagnosed as epilepsy**.

Management for congenital cases will be through lifestyle change, **beta-blocker** therapy and **ICD**.

Patients will need to avoid extreme exertion.

HOW?

Long QT Syndrome Workup (Medscape) <http://bit.ly/2BaBZ1s>

Long QT Syndrome (Life in the Fast Lane) <http://bit.ly/2AunuUX>

Long QT Syndrome (BMJ Best Practice) <http://bit.ly/2jYkMAX>

