Internists are faced daily with patients with symptoms related to either tachyarrhythmias or bradyarrhythmias. It can often be difficult to determine whether such conditions are benign or malignant. Palpitation, dizziness, syncope, shortness of breath, and even chest pain can be often traced back to common rhythm disorders. Some of the most common clinical diagnoses encompass rhythm disorders, such as atrial fibrillation, supraventricular tachycardia, sinus node dysfunction, premature ventricular contractions, and ventricular tachycardia, in patients with heart failure. The internist will often have the initial interaction with the patient, will need to know what testing to order, and will need to when to make a referral. The field of electrophysiology, a subspecialty of cardiology, emerged only 25 to 30 years ago. Over the last 3 decades, the diagnostic and therapeutic tools have grown exponentially thanks to a rapid evolution in technology for both devices and electrophysiologic equipment. From a diagnostic standpoint, the 24-hour Holter monitor is no longer standard of care for most rhythm diagnoses as better external monitors and even implanted monitors have been developed. In addition, invasive electrophysiologic studies are now available to diagnose and possibly treat many arrhythmias. From a therapeutic standpoint, antiarrhythmic medications, radiofrequency ablation, pacemakers to protect patients from bradycardias, defibrillators to protect patients from dangerous ventricular tachyarrhythmias, and cardiac resynchronization devices to improve left ventricular ejection fraction in patients with cardiomyopathy have progressed to the point where we can now offer a cure for many supraventricular rhythms and protection from life-threatening bradyarrhythmias and ventricular tachyarrhythmias. In this issue of the Medical Clinics of North America, we offer a compendium that simplifies the most common electrical problems encountered by the internist today. We cover all devices, their indication, their differences, and their complications. We cover the pharmacologic and nonpharmacologic management of supraventricular and ventricular arrhythmias. We cover the diagnosis of these conditions and the diagnosis of these conditions and the management of these conditions. We also cover the management of these conditions and the management of these conditions.
and management of bradyarrhythmias and when to be concerned that syncope is arrhythmic in nature. It is a comprehensive summary geared toward internists and designed to make internists more comfortable in diagnosing and managing conditions that, although common, can often be complicated. We hope that the readers will find this issue helpful and refer to it frequently as their “electricity” manual.

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