Thirteen years ago the original description of the Sick Sinus Syndrome (SSS) was presented. Since then the syndrome has been found to be a relatively common problem in cardiology and appears in all age groups. It is commonest however, in older adults. The natural history of this syndrome occupies many years, even decades, and hence it becomes important to try to discover early signs of a dysfunctional SA node in order to identify those patients at risk of developing syncopal attacks. Sinus bradycardia, sinus exit block, sinus arrest and episodes of bradycardia changing to tachycardia are the major physiologic manifestations of an ailing or dying SA node and may induce syncope as well as a host of other cardiac symptoms. However these abnormalities are not characteristic of the early stages of SA node disease, with the possible exception of marked sinus bradycardia occurring alone (i.e. without exit block, sinus arrest or tachycardias).

Hence in order to follow subjects with the Sick Sinus Syndrome in its early and developmental stages one must look for early markers of the disorder. This is especially true if one wishes to avoid the consequences of the most dangerous manifestation of the disorder, namely syncopal episodes. Moderate to severe sinus bradycardia, if identified as non-vagal in origin, may be an early marker. The response of sinus bradycardia to the endogenous stimuli of exercise testing is useful in characterizing sinus bradycardia since a blunted rate increase on exertion characterizes bradycardia due to the SSS. We have learned recently however that the presence of a non-sinus rhythm arising in the atrium and called slow atrial rhythm (SAR) may be our best means of alerting the physician to the presence of a damaged SA node. SAR is intermittently present at first it may become the sustained cardiac rhythm and has been seen to persist for eight years in one patient. Escape junctional rhythm may also arise as a rescue rhythm but probably does so only if SAR does not arise or fails. Interplay between SAR and junctional rhythm (rates 45-55/min.) has been seen often in patients monitored for the SSS, with rhythm control shifting from one to the other. When the disease attacking the atria reaches the more advanced stages both these rescue foci are destroyed and, late in the SSS, atrial fibrillation may occur, or even electrical arrest with no atrial rhythm.

Thus it is clearly advisable to investigate any subject showing SAR for a possible early stage of the SSS. One is struck by the fact that with vagally induced sinus bradycardia SAR does not take over even though the sinus rate may drop well below 50/min., - the rate at which the rescue atrial focus fires in the SSS. Furthermore, SAR, as far as we know, is not seen in the acquired sinus bradycardia of well trained athletes. Thus it appears that SAR does not appear as a rescue rhythm in these nonpathologic sinus bradycardias.

In a disease that has a long natural history but may lead eventually to syncopal attacks, the recognition of early markers becomes essential. This would be even more important if therapy for a failing SA node ever reaches the stage of transplantation of a new SA node to replace a failing one.

REFERENCES

*Consultant in Cardiology, Metropolitan Life Insurance Company; Professor of Clinical Medicine, College of Physicians and Surgeons, Columbia University; Director of the Electrocardiographic Laboratory, Columbia Presbyterian Medical Center, New York, N.Y.; Consultant in Cardiology, Equitable Life Assurance Company of America

Of Interest

Insurance Editor Wins National Award For Asbestos Story

Washington, August 27 -- An exclusive article on asbestos fatality data being withheld by the Labor Department has been chosen as the best single news story of the year by the Newsletter Association of America.

The story by Carolyn Bowers, editor of "Washington Insurance Newsletter", disclosed an unreleased study by Dr. Irving Selikoff that said from 9,000 to 12,500 workers exposed to asbestos since the 1940s may die annually for the next 25 years.

Ms. Bowers' story also noted that liabilities could extend to deaths of workers' family members and consumers who use asbestos products, and that the many industries which make or use asbestos could face astronomical liabilities.

The annual award, for "editorial excellence in newsletter journalism," was presented at the Association's recent national meeting here. It noted that the weekly newsletter's story later was picked up by "The Washington Post", "New York Times" and UPI wire service.


Of Interest

National High Blood Pressure Program

The theme for next May is "High blood pressure: new ways to take control." This highlights new approaches to therapy including the treatment and ongoing control of mild or stratum 1 high blood pressure. 1983 will mark the ninth year in a row that health professionals in community high blood pressure control programs across the country sponsor and participate in the National High Blood Pressure Month. The NHBPP plans to make 1983 month kits available to you beginning January 1983, earlier than ever before. The schedule is being moved forward to accommodate delays involved in using fourth class postage.

For your information the complete distribution schedule for 1983 is as follows:

October 1, 1982 order forms mailed by NHBPP
November 1, 1982 final request for kits received by NHBPP for participating organizations
December 1, 1982 all necessary follow-up is completed on orders received by NHBPP
January 1983 mailing of kits to participating organizations

A mailing list was provided by ALIMDA for the Chief Medical Director of each company who should receive information relative to the program. By acting promptly you can do your share of keeping the life insurance industry in the forefront of programs designed to monitor and control hypertension thereby demonstrating the benefits which we all know accrue.

The NHBPP encourages you to use this early bird opportunity to begin planning for high blood pressure month for 1983. If you have questions, you may call the National High Blood Pressure Education Program directly at 703-558-4800.