



The more we learn about LQTS, the more we realize that each patient is different from the next, and our advice must be tailored to the individual person.

Remember that these are general guidelines that are strongly influenced by whether the individual has ever fainted, whether they are taking medication and their family history. People who continue to black out despite treatment are a particularly high-risk group. When in doubt, discuss the specifics with your own doctor.

SADS' Mission

To save the lives and support the families of children & young adults who are genetically predisposed to sudden death due to heart rhythm abnormalities.



Sudden Arrhythmia Death Syndromes (SADS) Foundation
4527 South 2300 East, Suite 104
Salt Lake City, Utah 84117-4448
Phone: 801-272-3023
Patient Support: 801-948-0654
Fax: 801-505-0282
StopSADS.org

Exercise and Athletics for LQTS Patients

For the most part, we advise Long QT patients NOT to participate in **competitive sports**, since so many times symptoms are precipitated by physical exertion and/or intense emotions. Since children, adolescents and young adults are the most vulnerable to events, competitive sports at these ages especially should be avoided. However, most LQTS patients can participate in recreational sports if they are being treated with medication such as beta-blockers.

When considering non-competitive sports...

- **If the person is asymptomatic and taking beta blockers...** it is fine for her/him to participate in non-competitive sports, PE classes, play, and recreational activities in moderation. However, if palpitations, light-headedness, weakness and/or blurry vision occur, the exercise or activity should immediately stop to prevent progression of symptoms. Equally important, is that adult supervisors need to be aware that the patient should never be pressured to perform and needs to feel free to stop whenever he/she thinks it's necessary.
- **If the person is symptomatic and not taking beta blockers...** he/she should not engage in physical activity or circumstances that produce intense emotional or physical stress. Greater physical restriction should continue until black outs decrease and/or the patient is successfully treated with beta blockers.
- **All LQTS patients...** should always be accompanied or supervised during physical activity. We recommend developing a "buddy" system. Buddies need to be informed about LQTS and the potential dangers. They should be instructed to call for help, including 911, if a black out occurs. We highly recommend that buddies and all family members learn CPR in order to provide immediate resuscitation if necessary. (Be particularly concerned about swimming. We're not sure why, but water and LQTS don't go well together and fainting in water is more likely. Because water is such a dangerous place to be incapacitated, patients are highly encouraged to have a knowledgeable "buddy" with them when swimming).

What can parents do?

- Be supportive if the doctor advises "no competitive sports for your child." Support this advice, and help the child to understand that usual physical activities are suitable, but that competition may be dangerous. Channel their energies into sports without intense physical demands (golf, for example), or non-physical activities.
- Make sure your family has an AED (automatic external defibrillator) and/or your child's school district has AED programs in their schools.

For more information, see the 36th Bethesda Conference (2005) Eligibility Recommendations for Competitive Athletes With Cardiovascular Abnormalities at <http://www.StopSADS.org>.

Pediatric Sudden Cardiac Death Risk Assessment Form

Parents, answer these questions (or have your child’s doctor help complete them) every few years at these times: preschool, before/during middle school, before/during high school, and before participating in organized sports.

Patient History Questions	Yes	No
Has your child fainted or passed out DURING exercise, emotion or startle?		
Has your child fainted or passed out AFTER exercise?		
Has your child had extreme fatigue associated with exercise (different from other children)?		
Has your child ever had unusual or extreme shortness of breath during exercise?		
Has your child ever had discomfort, pain or pressure in his chest during exercise?		
Has a doctor ever ordered a test for your child’s heart?		
Has your child ever been diagnosed with an unexplained seizure disorder?		
Family History Questions		
Are there any family members who had an unexpected, unexplained death before age 50? (include SIDS, car accident, drowning, others)		
Are there any family members who died of heart problems before age 50?		
Are there any family members who have had unexplained fainting or seizures?		
Are there any relatives with certain conditions such as:		
Hypertrophic cardiomyopathy (HCM)		
Dilated cardiomyopathy (DCM)		
Aortic rupture or Marfan syndrome		
Arrhythmogenic right ventricular cardiomyopathy		
Long QT syndrome (LQTS)		
Short QT syndrome		
Brugada syndrome		
Catecholaminergic ventricular tachycardia		
Primary pulmonary hypertension		
Pacemaker		
Congenital deafness		
Please explain more about any “yes” answers here:		

If you answer yes to any of these questions, your doctor should check your child’s heart.

For more information or if you need a referral to a heart specialist, contact:

(801) 272-3023 | www.StopSADS.org

Supporting Families. Saving Lives

4527 South 2300 East, Suite 104 • Salt Lake City, UT 84117 • 801-272-3023 • www.StopSADS.org