

## Resting Tachycardia

OP Kapoor

There are 3 causes of resting tachycardia in private practice.

If the patient has been sitting in your clinic for half an hour or more and pulse rate is more than 100, he has resting tachycardia for which there are 3 possibilities :-

1. Iatrogenic - he may be having very frequent doses of Salbutamol and

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Asthma Inhaler.

2. Hyperthyroidism - if he has recently lost weight in the last 3 months
3. Autonomic neuropathy - quite often seen in diabetic patients. Resting tachycardia continues and the doctors go on investigating for heart problem. The diagnosis is confirmed by the doctor by recording blood pressure in lying down and standing position when you will find postural hypotension as much as 30 mmHg.

### Thyroid Dysfunction and Systemic Rheumatic Diseases

Hypothyroidism is about three times more prevalent in RA patients than age matched controls.

Clinically overt or subclinical hypothyroidism is reported in 5-6% SLE patients, i.e. about 5 times more common than in general population.

Autoimmune thyroid disease (AITD) frequently coexists with other systemic autoimmune conditions such as RA, SLE and Sjogren's syndrome.

**Yojana Gokhale, Journal of Association of Physicians of India, May 2018, Vol 66, 11**

### Type 2 Diabetes

Type 2 diabetes is a clinical syndrome that virtually affects the entire body, including vital organs like heart and kidneys. Consequently, type 2 diabetes itself is considered an independent risk factor for developing cardiovascular and renal disease. Cardiovascular disease develops at an accelerated rate in type-2 diabetes mellitus with ASCVD known to occur nearly 14.6 years earlier in diabetics. Similarly, chronic kidney disease sets in much earlier in type 2 diabetes and may also be present at the time of its diagnosis. Both these comorbidities have also been found to be more prevalent in Asians as compared to the Caucasians.

**AK Das, Supplement to Journal of Association of Physicians of India, May 2018, 6**