

## 승모판 일탈 증후군의 증상에 따른 심박 변동성

신 영 우

### Heart Rate Variability Related to Symptoms in Patients with Mitral Valve Prolapse Syndrome

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#### ABSTRACT

**Background and Objectives** : Studies in patients with mitral valve prolapse syndrome (MVPS) have shown a variety of forms of autonomic dysfunction, which require further investigation. **Subjects and Methods** : The study group consisted of 29 male MVP patients, aged  $23 \pm 3$  years, and 17 male healthy controls, aged  $25 \pm 2$  years. The patients and the control subjects were matched for age and sex. All study subjects underwent a complete echocardiographic examination, and were free of other organic heart diseases and arrhythmia. In a prospective study, the heart rate variability (HRV) indices were calculated from 24-hour Holter recordings, obtained during normal daily activity, and plasma norepinephrine levels measured, and the data between the patients and the controls compared to quantify the autonomic activity. **Results** : The HRV indices were significantly greater in the patient than the controls, and revealed hypervagal and mixed type in 55.2 and 20.7% of patients, respectively. There was the greatest parasympathetic activity in the MVPS patients with presyncope or syncope. The MVPS patients with palpitation tended to show hypersympathetic activity, as in the mixed type. **Conclusion** : Our data suggests that MVPS patients exhibit autonomic dysfunction, mostly resulting from parasympathetic hyperresponsiveness. (Korean Circulation J 2002;32(12):1078-1084)

**KEY WORDS** : Electrocardiography, ambulatory ; Mitral valve prolapse ; Disorders of the autonomic nervous system.

#### 서 론

승모판 일탈 증후군(MVPS)은 심방-심실 판막의 비정상적인 움직임에 의해 발생하는 질환이다. 이 질환은 다양한 자율신경계 이상을 동반할 수 있으며, 이는 심박 변동성(HRV)의 변화와 관련이 있다. 본 연구는 MVPS 환자와 건강한 대조군 간의 HRV 지수를 비교하여 자율신경계 기능을 평가하고자 하였다. 연구 대상은 29명의 남성 MVP 환자와 17명의 건강한 남성 대조군으로, 연령과 성별을 일치시켰다. 모든 연구 대상자는 완전한 심초음파 검사를 받았으며, 다른 유기 심장 질환이나 부정맥이 없는 상태였다. 전향적 연구에서, 24시간 홀터 기록에서 얻은 정상 일상 활동 중의 HRV 지수와 측정된 혈장 노르에피네프린 수치를 비교하여 자율신경계 활동을 정량화하였다. 결과적으로, HRV 지수는 환자군에서 대조군보다 유의하게 높았으며, 55.2%의 환자는 과흥분성 유형, 20.7%는 혼합 유형을 보였다. 특히, 실신 또는 실신 전 증상을 보이는 MVPS 환자는 가장 큰 부교감신경계 활성도를 보였다. 반면, palpitation을 보이는 MVPS 환자는 혼합 유형에 해당하는 과흥분성 활동을 보였다. 결론적으로, 본 연구는 MVPS 환자가 자율신경계 이상을 나타내며, 이는 주로 부교감신경계 과민성에서 기인함을 시사한다. (Korean Circulation J 2002;32(12):1078-1084)

**키워드** : 심전도, 휴대용 ; 승모판 일탈 ; 자율신경계 장애

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가

대상 및 방법

20~29

25 ± 2

29 23 ± 3

24 Holter

SONOS 5500

2 mm

M - mode

2 mm 가

Holter cassette

Del-

mar Avionics 750A Innovator

가

17 norepinephrine

High - Performance Liquid Chromatography

1) 24 (mHR). 2) 24 (SDNN). 3) 5 (SDANN). 3) (rMSSD). 4) 50 ms (pNN50). 5) rMSSD (rMSSD - Dif) 7 30

9 30

t - test

ANOVA

Dunnnett t - test(2 sided)

Scheffe

p

0.05

결 과

승모판 일탈 증후군의 심박 변동성

79 ± 7

76 ± 8

(p = 0.101), SDNN 146 ± 22 ms

179 ± 44 ms(p = 0.003), SDANN 138 ± 24 ms

165 ± 44 ms(p = 0.012), rMSSD 30 ± 5 ms 42 ± 13 ms(p = 0.000), rMSSD - Dif 13 ± 9 ms 21 ± 13 ms(p = 0.009) pNN50 9 ± 4% 18 ± 9%(p = 0.000) , SDNN, SDANN, rMSSD, r - MSSD - Dif, pNN50 가

(Table 1).

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1 , 2

3

**Table 1.** Comparison of heart rate and heart rate variability indices between healthy subjects and patients with mitral valve prolapse syndrome (MVPS)

Measure	Healthy subjects (n = 17)	MVPS (n = 29)	p
Mean HR (bpm)	79 ± 7	76 ± 8	.101
SDNN (ms)	146 ± 22	179 ± 44	.003
SDANN (ms)	138 ± 24	165 ± 44	.012
rMSSD (ms)	30 ± 5	42 ± 13	.000
rMSSD-Dif (ms)	13 ± 9	21 ± 13	.009
pNN50 (%)	9 ± 4	18 ± 9	.000

Values are means ± SD. HR : heart rate, SDNN : the standard deviation (SD) of normal-to-normal R-R intervals, SDANN : SD of 5min averages of normal-to-normal R-R intervals, rMSSD : the root-mean square of the difference of successive normal, R-R intervals, rMSSD-Dif : difference between night time and day time rMSSD, pNN50 : % of the differences between adjacent normal R-R intervals > 50 ms

SDNN, SDANN, rMSSD, rMSSD - Dif  
 pNN50 . 1 29 22  
 SDNN(p=0.003), SDANN(p=0.004), rMSSD(p=0.001), rMSSD - Dif(p=0.000) rMSSD - Dif가 95%  
 pNN50(p=0.005) 22 6  
 . 2 SDNN(p=0.021), 20.7% ,  
 rMSSD(p=0.015) pNN50(p=0.010) 16 55.2% .  
 . 3 pNN50(p=0.016)  
 55.2% 20.7%  
 1 가 (Table 3, 4).

2 , 3 승모판 일탈 증후군에서 주증상에 따른 자율신경 활성도의 특성  
 가 가 (Table 2).

rMSSD-Dif와 자율신경 활성도의 관계 가  
 rMSSD - Dif norepinephrine rMSSD  
 norepinephrine F 2.86  
 (p=0.09) F 3.34(p=0.05) J norepinephrine 350 pg/mL 4 3 가  
 , rMSSD norepinephrine 가  
 15 10 가  
 가 rMSSD - Dif  
 , norepinephrine  
 가 rMSSD - Dif  
 , rMSSD 가  
 rMSSD - Dif

승모판 일탈 증후군에서 자율신경 활성도의 양상  
 rMSSD  
 95% 33 ms

**Table 3.** Frequency of patients with mitral valve prolapse syndrome according to rMSSD and rMSSD-Dif

	rMSSD		Total
	33 ms*	<33 ms	
rMSSD-Dif	18 ms <sup>†</sup>	16	0
	<18 ms	6	7
Total	22	7	29

Abbreviations as in Table 1. \* : 95% confidence upper bound for rMSSD in the healthy control, † : 95% confidence upper bound for rMSSD-Dif in the healthy control

**Table 2.** Comparison of heart rate and heart rate variability indices between healthy subjects and patients with mitral valve prolapse syndrome (MVPS) according to the chief symptoms

Measure	Healthy subjects (n = 17)	MVPS		
		Group 1 (n = 5)	Group 2 (n = 8)	Group 3 (n = 16)
Mean HR (bpm)	79 ± 7	72 ± 6	75 ± 9	78 ± 8
SDNN (ms)	146 ± 22	209 ± 54 <sup>†</sup>	189 ± 60*	164 ± 24
SDANN (ms)	138 ± 24	200 ± 56 <sup>†</sup>	171 ± 56	152 ± 26
rMSSD (ms)	30 ± 5	51 ± 12 <sup>†</sup>	44 ± 15*	39 ± 12
rMSSD-Dif (ms)	13 ± 9	41 ± 8 <sup>‡</sup>	14 ± 6	18 ± 9
pNN 50 (%)	9 ± 4	22 ± 8 <sup>†</sup>	19 ± 11*	16 ± 9*

Abbreviations as in Table 1. Values are means ± SD. Statistical significance versus healthy subjects, \* : p<0.05, † : p<0.01, ‡ : p<0.001. Group 1 : MVPS with near syncope or syncope, Group 2 : MVPS with palpitation, Group 3 : MVPS with chest pain

가 (Table 5, 6).<sup>8)</sup>

**고 찰**

가 , 가 Boudoulas<sup>9)</sup> 가 , 가<sup>10)</sup> 가 , 가 14.3~58.3% , 61.8~

가 , 가 98.7%<sup>11)</sup> 가 , 가<sup>12)</sup> 가 , 가<sup>13)14)</sup> 가 , 가 24<sup>14)</sup> R - R R - R R - R 가 , R - R SDNN R - R R - R SDANN

**Table 4.** Frequency of autonomic dysfunction in patients with mitral valve prolapse syndrome

Type of autonomic dysfunction	Criteria	No (%)
Hypervagal	rMSSD > 33 ms	16/29 (55.2)
	rMSSD-Dif < 18 ms	
Mixed	rMSSD > 33 ms	6/29 (20.7)
	rMSSD-Dif < 18 ms	

Abbreviations as in Table 1

**Table 5.** Patterns of autonomic dysfunction in patient with mitral valve prolapse syndrome (MVPS) according to symptoms

Type of autonomic dysfunction	MVPS with near syncope (n=5)	MVPS with* palpitation (n=8)	MVPS with chest pain (n=16)
Hypervagal			
rMSSD > 33 ms and rMSSD-Dif < 18 ms	5	1	10
Mixed			
rMSSD > 33 ms and rMSSD-Dif < 18 ms	0	5	1
Subtotal	5	6	11

Abbreviations as in Table 1. \* : there are 3 out of 4 patients with norepinephrine > 350 pg/mL in 17 MVPS who were measured plasma norepinephrine

**Table 6.** Values of rMSSD and rMSSD-Dif in patients with mitral valve prolapse syndrome (MVPS) according to symptoms

	MVPS with near syncope (n=5)	MVPS with palpitation (n=8)	MVPS with chest pain (n=16)
rMSSD (ms)	51 ± 13	44 ± 15	39 ± 12*
(95% confidence interval)	(35 - 66)	(31 - 57)	(33 - 46)
rMSSD-Dif (ms)	41 ± 8	14 ± 6 <sup>†</sup>	18 ± 9 <sup>†</sup>
(95% confidence interval)	(31 - 51)	(9 - 19)	(13 - 22)

Abbreviations as in Table 1. Values are means ± SD, \* : p < 0.05 vs MVPS with near syncope, † : p = 0.000 vs MVPS with near syncope





- Maciejewski M, Moczak R, Leszczynski S. *Spectral analysis of heart rate variability in patients with mitral valve prolapse [Abstr]. Eur Heart J 1992;13 (Suppl):407.*
- 22) Shin YW. *Mitral valve prolapse syndrome. Korean Circ J 2001;31:735-8.*
- 23) Tygesen H, Rundqvist B, Waagstein F, Wennerblom B. *Heart rate variability measurement correlates with cardiac norepinephrine spillover in congestive heart failure. Am J Cardiol 2001;87:1308-11.*
- 24) Grassi G, Esler M. *How to assess sympathetic activity in humans. J Hypertens 1999;17:719-34.*
- 25) Breuer HW, Skyschally A, Schulz R, Martin C, Wehr M, Heusch G. *Heart rate variability and circulating catecholamine concentrations during steady state exercise in healthy volunteers. Br Heart J 1993;70:144-9.*
- 26) Lichodziejewska B, Klos J, Rezler J, Grudzka K, Dluzniewska M, Budaj A, Ceremuzynski L. *Clinical symptoms of mitral valve prolapse are related to hypomagnesemia and attenuated by magnesium supplementation. Am J Cardiol 1997;79:768-72.*
- 27) Landsberg L, Young JB. *Physiology and pharmacology of the autonomic nervous system. In: Harrison's Principles of Internal Medicine. 15th ed. New York: McGraw-Hill Company;2001. p.441.*
- 28) Shin YW, Oah HM, Kim JW, Hong TJ. *Heart rate variability in mitral valve prolapse syndrome. Korean Circ J 1998;28:1973-80.*