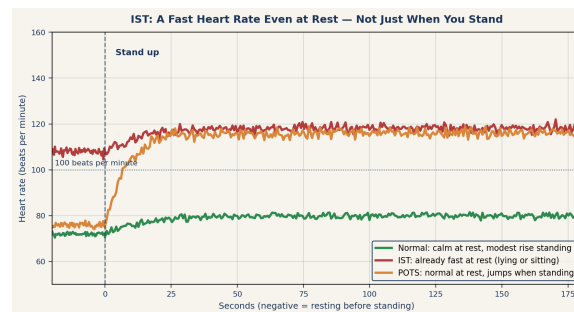


Understanding Inappropriate Sinus Tachycardia

IST — When the Heart's Pacemaker Runs Too Fast Without a Normal Reason

A racing heart at rest that is usually not dangerous — but very treatable.



Online: <https://go.riasalimd.com/ist-guide>

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Names & Terms You Will Hear

Term	Meaning
Inappropriate sinus tachycardia (IST)	'Sinus' means the rhythm starts in the heart's own pacemaker. 'Tachycardia' means fast heart rate. 'Inappropriate' means there is no normal reason for the rate to be that high.
Sinus node	The heart's natural pacemaker. It sets your heart rate. In IST it simply fires faster than it should.
Sinus tachycardia	Any fast heart rate that starts in the sinus node. It is normal during exercise, fever, or stress. In IST it is fast for no clear reason.
Resting heart rate	How fast your heart beats when you are calm and still. A normal resting rate is about 60 to 100 beats per minute. In IST it is often above 100.
Palpitations	The feeling of a pounding, fluttering, or racing heart. This is the most common symptom of IST. See our guide: https://go.riasalimd.com/palpitations-guide
Diagnosis of exclusion	A diagnosis made only after other causes are ruled out. IST is one of these. The doctor checks for thyroid, anemia, and other problems first.
Holter monitor	A small device worn for 24 hours or more. It records every heartbeat to show the full-day rate pattern that confirms IST.

The one-line difference:

IST is a fast heart rate even at rest, with no normal cause.

POTS is a heart rate that jumps mainly when you stand up.

Both can cause palpitations and tiredness — but the standing change is the clue that tells them apart. You can have features of both.



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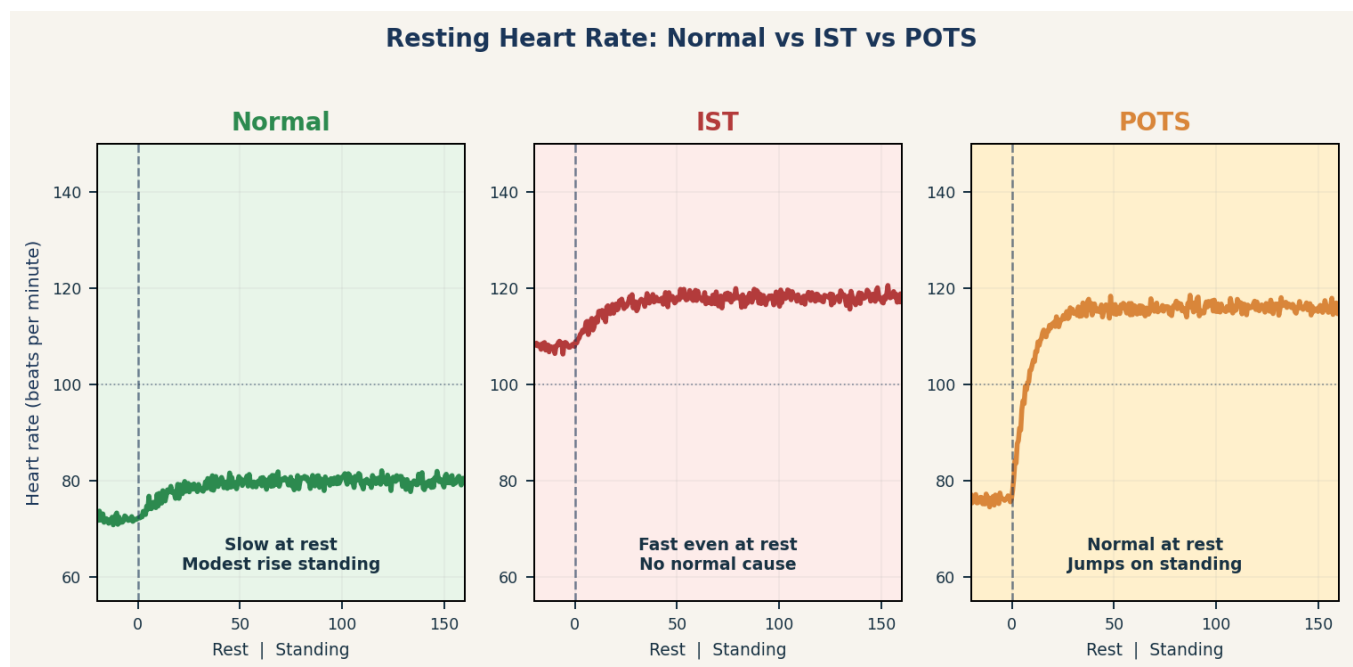
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What Is Inappropriate Sinus Tachycardia?

- IST means your heart's natural pacemaker — the sinus node — runs faster than it should. The resting heart rate is often above 100 beats per minute, with a 24-hour average above 90. The rhythm is normal. Only the rate is too high.
- The key word is 'inappropriate.' A fast heart rate is normal when you exercise, have a fever, or feel scared. In IST the heart is fast even when there is no reason for it — at rest, lying down, or with very little activity.
- Common symptoms are a pounding or racing heart, palpitations, tiredness, lightheadedness, trouble with exercise, and sometimes anxiety. Quality of life can suffer a lot, even though the heart itself is usually not in danger.
- IST mostly affects younger women. Many are in their 20s, 30s, or 40s. It is often found in healthy, active people.
- The exact cause is not fully known. It likely involves the sinus node firing too easily and an imbalance in the nerves that speed up and slow down the heart.
- IST is usually not dangerous to the heart. In very rare cases, a very fast rate kept up for a long time can weaken the heart muscle, so the rate is worth treating.



Resting heart rate compared. Normal — slow at rest, modest rise on standing. IST — already fast at rest, even lying down, with no normal cause. POTS — normal at rest but jumps when standing. The standing change is the key clue that separates IST from POTS.



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Telling them apart. A normal fast rate has a cause and settles. IST is fast at rest with no cause. POTS is fast mainly on standing.

Feature	Normal Fast Rate	IST	POTS
Heart rate at rest	Normal (60 to 100)	High (often above 100)	Normal (60 to 100)
What happens on standing	Small, brief rise	Already fast; small extra rise	Jumps 30 or more beats per minute
Has a normal cause?	Yes (exercise, fever, stress)	No clear cause	No clear cause
Blood pressure	Normal	Usually normal	Usually normal (no big drop)
Main clue	Settles when the cause is gone	Fast even at rest, lying down	Fast mainly after standing up



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IST vs a Normal Fast Rate vs POTS — Telling Them Apart

- A normal fast rate has a reason — exercise, fever, pain, stress, or dehydration. It settles once the cause is gone. This is not IST.
- IST is fast even at rest, including lying down, with no normal cause. The resting rate is often above 100 beats per minute.
- POTS is usually normal at rest but the rate jumps 30 or more beats per minute within minutes of standing up.
- The simplest clue: stand up. IST stays fast either way; POTS jumps with standing. See our POTS guide: <https://go.riasalimd.com/pots-guide>



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Why It Matters

- A racing heart can be frightening. Many people with IST worry that something is seriously wrong. Knowing the rhythm is normal and usually harmless brings real relief.
- IST is often missed or blamed on anxiety for years. Getting the right diagnosis opens real treatment options and ends the guesswork.
- Symptoms like fatigue and trouble with exercise can limit work, school, and daily life. Treatment can bring the rate down and help you feel like yourself again.
- IST overlaps with POTS, where the heart rate jumps mainly on standing. Telling them apart changes the plan. See our POTS guide: <https://go.riasalimd.com/pots-guide>
- Because IST is a diagnosis of exclusion, the workup also makes sure no other rhythm problem or treatable cause is being missed.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Younger women	IST is most common in women in their 20s to 40s. It often appears in otherwise healthy, active people.
After a viral illness	Like POTS, IST can start after a virus. The infection may upset the nerves that control heart rate.
High caffeine, nicotine, or stimulants	Coffee, energy drinks, vaping, and some decongestants speed the heart. They can trigger or worsen IST symptoms.
High stress or anxiety	Stress raises the body's 'speed-up' nerve signals. This does not cause IST by itself, but it can make the fast rate feel worse.
Deconditioning	Long periods of rest or inactivity lower fitness. A less-fit heart beats faster to do the same work.
Overlap with POTS or dysautonomia	IST and POTS share roots in the autonomic nervous system. Some people have features of both.



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Rule Out These First

IST is diagnosed only after normal causes are ruled out



Overactive thyroid

A simple blood test (TSH)



Pain, stress, or anxiety

All can drive a fast rate



Anemia (low blood count)

Checked with a blood count



Caffeine, nicotine, drugs

Stimulants raise heart rate



Fever or infection

Body raises rate to fight illness



Other heart rhythm problems

ECG and Holter sort these out



Dehydration

Low fluids speed the heart

**All normal? Then the fast rate has no usual cause —
this points to inappropriate sinus tachycardia (IST).**

IST is a diagnosis of exclusion. Your doctor first rules out these common causes of a fast heart rate. Only when they are all normal does the fast rate point to IST.



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Why IST Is a 'Rule-Out-Everything-Else' Diagnosis

- IST is a diagnosis of exclusion. It is named only after other causes of a fast heart rate are ruled out.
- Your doctor checks the thyroid (a TSH blood test), looks for anemia (a blood count), and checks for infection, fever, and dehydration.
- An ECG confirms the rhythm starts in the sinus node. A Holter monitor records 24 hours or more to show the all-day rate pattern.
- Other rhythm problems, such as SVT, are ruled out too. See our SVT guide: <https://go.riasalimd.com/svt-guide>
- Only when all of these are normal does the fast rate point to IST.



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Treatment Options

- The first step is reassurance. For most people, IST is not dangerous to the heart. Knowing this lowers fear, and fear itself can speed the heart.
- Lifestyle steps come next. Drink enough fluids, stay well hydrated, and build fitness slowly with gradual exercise. Reconditioning helps the heart work at a lower rate.
- Cut back on triggers. Reduce caffeine, energy drinks, nicotine, and stimulant decongestants. Manage stress and aim for steady, good sleep.
- If symptoms still limit you, medicines can help. Beta-blockers slow the heart but can lower blood pressure and cause tiredness, so they are not always well tolerated.
- Ivabradine is a medicine that slows the sinus node directly without lowering blood pressure. It works well for IST and is often a good choice. See our guide:
<https://go.riasalimd.com/ivabradine-guide>
- Catheter ablation (using heat or cold to change the sinus node) is rarely used. Results are mixed and the rate can come back, so it is a last resort.

Feel-better ladder — start at the top; add steps only as needed.

Step	What to Do	Goal
1 — Reassurance	Learn that IST is usually harmless to the heart	Lower fear, which itself speeds the heart
2 — Lifestyle	Hydrate, recondition with gradual exercise, cut stimulants	Lower the resting rate over time
3 — Beta-blocker	Slows the heart; watch for tiredness and low blood pressure	Ease palpitations if lifestyle is not enough
4 — Ivabradine	Slows the sinus node without lowering blood pressure	Control the rate when beta-blockers are not tolerated
5 — Ablation (last resort)	Rarely used; mixed results; the rate can return	Reserved for severe, drug-resistant cases



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Feeling Better — Lifestyle, Beta-Blockers, and Ivabradine

- Start with reassurance and lifestyle. Hydration, gradual exercise to rebuild fitness, and fewer stimulants like caffeine help many people.
- Beta-blockers slow the heart and ease palpitations, but can cause tiredness and lower blood pressure, so they are not always tolerated.
- Ivabradine slows the sinus node directly without lowering blood pressure. It is often a good choice for IST. See: <https://go.riasalimd.com/ivabradine-guide>
- Give each step time. Reconditioning works over weeks to months, not days.
- Ablation is rarely used and is a last resort because results are mixed and the fast rate can return.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Hydrate well through the day. Good fluid intake helps keep the heart rate steady.
- Build exercise back slowly. Even a short daily walk, increased week by week, helps the heart beat slower at rest over time.
- Limit caffeine and energy drinks. Try cutting back gradually to avoid a rebound fast rate.
- Use slow, deep breathing when your heart races. Long, slow exhales gently calm the heart rate.
- Keep a simple symptom diary. Note your rate, triggers, and how you feel. This helps your doctor fine-tune the plan.
- Protect your sleep. Poor sleep raises stress signals that speed the heart.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Reassurance and watchful waiting	Symptoms may persist. Does not lower the rate by itself.	Safe. Lowers fear, which can lower the rate. Right first step for most people, since IST is usually harmless to the heart.	Lifestyle changes, medicines if symptoms limit daily life.
Lifestyle — hydration, gradual exercise, fewer stimulants	Takes weeks to months. Needs steady effort. May not fully control symptoms alone.	No drug side effects. Reconditioning lowers the resting rate over time. Helps overall health and energy.	Add medicine if symptoms remain; reassurance alone for mild cases.
Beta-blocker	Can cause tiredness, cold hands, and low blood pressure. Not ideal for low-BP patients or asthma. Sometimes poorly tolerated.	Slows the heart rate. Eases palpitations. Long track record and low cost.	Ivabradine (no blood-pressure drop), lifestyle steps, calcium channel blockers.
Ivabradine	May cause brief light flashes in vision and headache. Not for slow heart rate or certain heart conditions. Needs a doctor's monitoring.	Slows the sinus node directly without lowering blood pressure. Often eases symptoms in IST. Good when blood pressure is already low. See: https://go.riasalimd.com/ivabradine-guide	Beta-blocker, lifestyle steps, combined low-dose therapy.



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Option	Risks	Benefits	Alternatives
Catheter ablation (sinus node modification)	Mixed results. The fast rate can return. Risk of needing a pacemaker. Considered only after medicines fail.	May help a small number of people with severe, drug-resistant IST.	Continued medicine, ivabradine, lifestyle and stress care.



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Common Misconceptions

Myth	Reality
A racing heart at rest means I am having a heart attack.	IST is a fast but normal rhythm from the heart's own pacemaker. It is not a heart attack. Still, new chest pain or shortness of breath should always be checked right away.
My fast heart rate is just anxiety.	Anxiety can speed the heart, but IST is a real, measurable rhythm pattern seen on a Holter monitor. Many people with IST are wrongly told it is only anxiety for years.
IST and POTS are the same thing.	They are related but different. In IST the heart is fast even at rest. In POTS the rate jumps mainly when you stand up. The standing change is the key clue. See: https://go.riasalimd.com/pots-guide
A fast heart rate will wear out my heart.	IST is usually not dangerous to the heart. Only a very fast rate kept up for a long time can weaken the muscle, which is rare and is why we treat the rate.
If my ECG at the office is fast, that proves IST.	One fast reading is not enough. Stress, pain, or rushing in can raise the rate. IST needs a 24-hour Holter and a search for other causes first.
IST means I need a procedure or ablation.	Most people are managed with reassurance, lifestyle steps, and medicine. Ablation is rarely used and is a last resort because results are mixed.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Daily quality of life	Palpitations, fatigue, and lightheadedness can limit work, school, and exercise. This is the main burden of IST and the main reason to treat it.
Exercise intolerance	A heart that is already fast at rest has less room to speed up for activity. Reconditioning slowly improves this.
Anxiety from symptoms	A pounding heart can cause worry and fear, which speed the heart further. Reassurance and breathing skills break this cycle.
Tachycardia-induced weakening of the heart (rare)	A very fast rate kept up for a long time can, in rare cases, weaken the heart muscle. Treating the rate prevents this.
Medication side effects	Beta-blockers can cause tiredness or low blood pressure. Ivabradine can cause brief visual light flashes. These are usually manageable.



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Points to Know

If you remember nothing else, remember these key points.

- IST means the heart's pacemaker runs too fast — often above 100 beats per minute at rest — with no normal cause like fever, anemia, or thyroid trouble.
- The rhythm is normal (sinus). Only the rate is inappropriate. IST is usually not dangerous to the heart.
- IST is a diagnosis of exclusion. Your doctor first rules out thyroid problems, anemia, infection, dehydration, and other rhythm disorders.
- Tell IST from POTS by standing: in IST the heart is fast even at rest; in POTS the rate jumps mainly when you stand up.
- Diagnosis uses an ECG (to confirm sinus rhythm), a Holter monitor (to see the 24-hour pattern), and rule-out blood tests.
- Treatment starts with reassurance and lifestyle — hydration, gradual exercise, and fewer stimulants like caffeine.
- Medicines help when needed: beta-blockers, or ivabradine, which slows the sinus node without lowering blood pressure.
- Ablation is rarely used and is a last resort, because results are mixed and the fast rate can return.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Chest pain, pressure, or shortness of breath at rest — call 911.
- Fainting or near-fainting — call us today.
- A heart rate that stays very high (well above your usual) and will not settle — call us today.
- A racing heart with sudden severe weakness, sweating, or feeling like you may pass out — call 911.
- Symptoms getting worse despite lifestyle steps and medicine — call us this week.
- Side effects from medicine, such as visual light flashes, very low rate, or dizziness — call us.
- New or worsening anxiety that limits daily life — call us. Support is part of IST care.

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Good news to remember:

IST is usually not dangerous to the heart. The rhythm is normal — only the rate is too fast. Most people feel better with reassurance, lifestyle steps, and, when needed, medicine. The goal is to lower the rate and help you feel like yourself again.



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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Cleveland Clinic — Inappropriate Sinus Tachycardia](#) - Patient-friendly overview of IST symptoms, the rule-out workup, and ivabradine and beta-blocker treatment.
- [Mayo Clinic — Tachycardia](#) - Clear patient guide to fast heart rhythms, evaluation, and lifestyle steps.
- [American Heart Association — Tachycardia: Fast Heart Rate](#) - Frames IST among the fast heart rhythms and how it differs from a normal fast rate.
- [POTS companion guide](#) - Heart rate that jumps mainly on standing — the close cousin of IST, and how to tell them apart.
- [Palpitations workup companion guide](#) - How a racing or pounding heart is evaluated, including ECG and Holter monitoring.
- [SVT companion guide](#) - Other fast rhythms from above the ventricles — different from IST and ruled out during the workup.
- [Ivabradine companion guide](#) - The medicine that slows the sinus node directly — a key option for IST.
- [Vasovagal syncope companion guide](#) - A common cause of fainting that can occur alongside a sensitive autonomic system.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [2015 ACC/AHA/HRS SVT Guideline — Inappropriate Sinus Tachycardia & POTS](#) [Guideline]
Authoritative basis for diagnosis of IST (resting rate over 100 beats per minute, 24-hour average over 90), the role of ivabradine and beta-blockers, and distinguishing IST from POTS.
- [2015 HRS Expert Consensus — POTS, IST, and Vasovagal Syncope](#) [Guideline]
Consensus framing of IST as a diagnosis of exclusion, the symptom-based definition, and graded treatment with reassurance, lifestyle, beta-blockers, and ivabradine.
- [JACC Review — Inappropriate Sinus Tachycardia: Etiology, Pathophysiology, and Management](#) [Review]
Current expert review of IST mechanisms (sinus node automaticity, autonomic imbalance), the rule-out workup, and why ablation is a mixed-result last resort.
- [Europace — Inappropriate Sinus Tachycardia \(review\)](#) [Review]
European electrophysiology review of IST definition, demographics (predominantly younger women), overlap with POTS, and ivabradine evidence.
- [Cleveland Clinic — Inappropriate Sinus Tachycardia \(IST\)](#) [Patient Education]
Plain-language overview of a persistently fast resting sinus rhythm out of proportion to need, symptoms, and ivabradine/beta-blocker management.
- [Mayo Clinic — Tachycardia](#) [Patient Education]
Patient-facing framing of fast heart rhythms, including sinus tachycardia, evaluation, and lifestyle measures.
- [American Heart Association — Tachycardia: Fast Heart Rate](#) [Patient Education]
Frames IST among the tachyarrhythmias and the distinction from appropriate physiologic tachycardia.
- [AHA — Holter Monitor \(ambulatory ECG\)](#) [Patient Education]
Explains the 24-hour Holter recording used to see the full-day heart-rate pattern that confirms IST.
- [MedlinePlus — Thyroid Tests \(TSH\)](#) [Patient Education]
Supports the rule-out workup — an overactive thyroid is one of the secondary causes that must be excluded before diagnosing IST.
- [Should Ivabradine Be First-Line Therapy for Inappropriate Sinus Tachycardia? \(2025\)](#) [Review]
Recent appraisal of ivabradine as targeted sinus-node therapy in IST and its role versus beta-blockers.



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About This Guide

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Reviewer note: Reviewed against Cleveland Clinic, Mayo Clinic, and AHA tachycardia pages, plus the 2015 ACC/AHA/HRS SVT guideline and 2015 HRS consensus. This guide adds: a 3-way resting-rate comparison (Normal vs IST vs POTS), a visual 'rule out these first' checklist, a tinted IST-vs-POTS-vs-normal feature table, a stepwise feel-better ladder, and a clear 'diagnosis of exclusion' explainer.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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