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# Heart palpitations (Bradycardia, tachycardia)

Heart palpitations are the sensation of your heart beating and are common. Most cases are harmless. They usually only last for a short time and can be accompanied by other symptoms such as breathlessness, dizziness, chest tightness and a feeling of anxiety. Palpitations that are severe or don't settle quickly may need urgent medical attention. The most common causes are mentioned below.

## What are heart palpitations?

Heart palpitations are rapid, thumping or fluttering feelings that people experience in their chest. They may be on the left-hand side or the middle of the chest. Normally we are not aware of our heart beating. The term 'palpitations' is used when we are aware of our heart beating. Some people say heart palpitations feel like their heart is racing; others say their chest hurts, thumps or flutters or like their heart is skipping a beat. Usually this sensation is caused by a heart rate that is faster than usual for your age, gender and level of fitness.

'Palpitations' are a symptom, not a diagnosis. The important task for your healthcare professional is to work out what is causing them. Occasionally, the feeling is due to a heart rhythm problem. See the leaflet Anatomy of the heart for more information about the heart.

## When to worry about heart palpitations

Occasionally, heart palpitations can be serious. In the following situations, you should call an ambulance:

- If you have palpitations that do not go away quickly (within a few minutes).
- If you have any chest pain with palpitations.

- If you have severe breathlessness with palpitations.
- If you pass out, or feel as if you are going to pass out, or feel dizzy.
- If you have palpitations and have had heart conditions and problems such as heart failure in the past.
- If you have palpitations which began as you were exercising.

If the palpitations do not make you feel unwell, and settle on their own, you should see your GP. Keep a diary of when they happen and how long they last, as this information will help your GP.

If you have an episode of heart palpitations it can be useful to check your pulse. In particular it may be useful for your doctor to know how fast your pulse was during the episode. That is, how many beats per minute; also, if your pulse felt regular or irregular. This information can help identify the cause of the palpitations. Your practice nurse can show you how to take your own pulse. Or you can follow the steps shown on the British Heart Foundation website, given in 'Further reading & references' at the end of this leaflet.

## What causes heart palpitations?

This list does not include all the possible causes of heart palpitations but lists some of the more common causes, including:

#### A fast but regular heartbeat (sinus tachycardia)

There are many reasons why the heart rate can be faster than normal. Some of these are:

- Exercise.
- Stress and anxiety.
- Intake of caffeine.
- Alcohol.
- Certain medications.
- Other stimulant drugs, including some recreational drugs.
- An overactive thyroid gland.

- Pregnancy.
- Smoking.
- Fever.
- High blood pressure.

A serious underlying abnormality of the heart is a rare cause of sinus tachycardia. Treatment will depend on the underlying reason for the fast heart rate.

#### Slow heart rate (bradycardia)

Read more about bradycardia.

#### Abnormal heart rhythms (arrhythmias)

Read more about abnormal heart rhythms (arrhythmias).

# **Diagnosing heart palpitations**

You are likely to be asked about your intake of the substances mentioned above and the circumstances in which the heart palpitations occur. Your doctor will take your pulse and blood pressure, listen to your heart and order further tests as appropriate. Initial investigations for heart palpitations include:

- Blood tests to check for anaemia and an overactive thyroid gland.
- Electrocardiogram (ECG) to record the electrical impulses of your heart to check whether the heart rate is regular, and of normal rate. It also looks for underlying or previous heart disease.
- Ambulatory ECG: this is an ECG that records your heart as you carry on your normal life over 24 or 48 hours. You will be asked to make a note of when you get the palpitations. The reading will then show what your heart was doing when you felt the palpitations.
- In some cases you may need an ultrasound scan of the heart (an echocardiogram, or 'echo').
- In other cases, you may need a test of your heart while you exercise.

• Electrophysiology tests may also be used. Small wires (electrodes) are inserted into your heart via one of your veins. These wires measure the electrical signals in your heart and can determine where any abnormal electrical signals are coming from.

All these tests are to make sure there is no abnormality in your heart causing the heart palpitations. However in many cases, palpitations are NOT caused by any problem with your heart.

## How to treat heart palpitations

Treatment will depend on the likely cause of your palpitations. If, for example, your palpitations are caused by drinking too much caffeine, you will be advised to cut down how much caffeine you drink. If your palpitations are caused by anxiety, your GP will discuss ways of managing this.

Some cases of palpitations are managed by a GP; other cases may be referred to a heart specialist (cardiologist). In either case, the treatment you will be given depends on the cause that has been found.

## **Further reading**

- Checking your pulse; British Heart Foundation
- European Society of Cardiology; Guidelines for Management of Atrial Fibrillation, 2020
- Palpitations; NICE CKS, April 2020 (UK access only)
- Brugada J, Katritsis DG, Arbelo E, et al; 2019 ESC Guidelines for the management of patients with supraventricular tachycardia. The Task Force for the management of patients with supraventricular tachycardia of the European Society of Cardiology (ESC). Eur Heart J. 2020 Feb 1;41(5):655-720. doi: 10.1093/eurheartj/ehz467.
- Govender I, Nashed KK, Rangiah S, et al; Palpitations: Evaluation and management by primary care practitioners. S Afr Fam Pract (2004). 2022 Feb 24;64(1):e1-e8. doi: 10.4102/safp.v64i1.5449.

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