

Information about **Palpitations**



What are palpitations?

'Palpitations' is the medical word we use to describe the feeling of being aware of your heartbeat. You may be aware of your heart racing, jumping, skipping a beat, bumping or fluttering. Most people who have palpitations do not have a heart problem. Some people will need only one test and some will need more.

What causes palpitations?

Most palpitations are completely normal. A few are abnormal (rarely). The most common cause is anxiety.

Normal palpitations

You can be aware of your heart beat (having palpitations) when your heart is working hard (your heart beat is faster or more forceful), for example during or after exercise, or when you are anxious, under stress, excited, angry or frightened.

Your heart may also pump faster or harder if you have caffeine which is found in many fizzy drinks, tea and coffee. Smoking, nicotine, some sprays and tablets (e.g. nasal decongestants, thyroxine, aminophylline, antidepressants) and lung inhalers can also cause palpitations. When this happens you can become more aware of your heart beating, although it is still beating quite normally.

Everyone has an irregular heart beat sometimes. Often there is a pause after one heart beat and then a more forceful beat. Sometimes this forceful beat feels like a thud in your chest. You are most likely to feel this when you are lying resting in bed. This is perfectly normal. We call these - extra normal beats or 'extrasystoles'. Most people who have palpitations are more aware than usual of these extra normal beats. In this case a heart rhythm "problem" is not present.

Some medical problems, which are not connected with the heart, cause palpitations. These include a fever or high temperature, an overactive thyroid gland and anaemia. Your GP will examine you to see if any of these are causing your palpitations. Your GP may refer you to the hospital for more tests.

Abnormal palpitations

Rarely, palpitations may be due to an abnormal heart rhythm. This unusual finding is more common in people with other heart problems. For example, a weak or thickened heart muscle, a valve problem or coronary artery disease (e.g. angina, heart attack, previous angioplasty or bypass operation).

When to worry about palpitations

Palpitations that make you feel as though you are going to pass out (or which have made you lose consciousness) may indicate that you have an abnormality of the heart rhythm. This should be investigated quickly. Palpitations that cause you chest pain, tightness or discomfort or unusual breathlessness may also indicate a heart rhythm problem. Make sure you tell your GP or practice nurse or any other doctor you see regularly, if you have any of these symptoms.

What tests will I have?

When your doctor investigates palpitations they are trying to see whether there is any evidence of an abnormal heart rhythm when you have your symptoms. They will use an electrocardiogram (ECG) to try to record your heart beat when you feel your palpitations. There are different types of tests:

- Resting ECG
- Ambulatory ECG
- Echocardiogram

Resting ECG

A resting electrocardiogram (ECG) involves attaching small sticky patches to your chest, arms and legs while the tracing (your heart beat) is recorded on paper. It is a pretty quick test and painless. This test tells us about your heart rhythm at the time of the recording and whether there might be another problem with your heart. Usually this test will show a normal heart rhythm.

- If your ECG shows an irregular rhythm called atrial fibrillation (AF) we will refer you back to your GP for treatment.
- If your ECG shows another abnormal rhythm, we will refer you to a cardiology (heart) clinic.

Before you go to the clinic or back to your GP, you will also have an echocardiogram which is an ultrasound scan of your heart (see below). This means that all your results are available when you see the cardiologist (heart doctor) or your GP.

Ambulatory ECG monitoring

Because most people feel palpitations just a few times a day or less, it is unlikely that you will feel them while you are having a resting ECG. So you will also have an 'ambulatory' ECG (unless your resting ECG shows Atrial Fibrillation). That means you will have an ECG while you are doing your normal activities.

The type of ambulatory ECG will depend on how often you get palpitations. We put small patches, set in sticky plaster, on your chest. We attach wires to these patches and tape them down. The wires lead to a small portable tape recorder, similar to a personal stereo, which you wear on a belt round your waist. So the ECG is recorded all day along with the time. It is best to wear loose clothing during your test.

You should spend a normal day and do any activity which might bring on your symptoms.

You will also need to keep a simple 'diary', writing down what activities you do and when, and making a note of any times when you have palpitations or dizzy spells. When you write down the times, remember to say whether it is morning, afternoon, day or night. When the doctor analyses the ECG, they will pay special attention to the recordings at the times you have palpitations. That is why it is important to fill in your diary accurately.

There are some variations on this test, depending on the equipment used. Some tape recorders switch on automatically if your heart does something unusual. With others you can use your phone to send the ECG recording to an analysing machine at the hospital. The technician who fits the monitor will tell you what to do.

You may need to repeat the ambulatory ECG until we get an ECG recording at the same time as you feel the palpitations.

Usually this test will show a normal heart rhythm. Then you and your doctor will know that the cause of your palpitations is just increased awareness of a normal heartbeat. In the few cases where there is actually an abnormal rhythm, we will refer you to a cardiology (heart) clinic to see what is the best treatment for you.

Echocardiogram

If your resting ECG tracing or an ambulatory ECG tracing shows an abnormality, you will also have an echocardiogram or ultrasound scan of your heart. This is the same sort of scan used to look at the baby in a pregnant woman. It involves lying on a couch, having jelly put on your chest and taking pictures with a small probe which is moved over the skin of your chest. The person doing the scan sees the pictures on a TV screen. You may hear 'whooshing' noises as we measure the blood flow through your heart. This scan gives detailed information about your heart muscle and valves.

What treatment will I need?

Usually you will not need treatment.

If your heart rhythm is normal (in other words if you are just more aware of your normal heart beat or have extra normal beats), you should avoid things that might make your symptoms worse (caffeine, stress, anxiety etc). Often knowing you have no heart problem relieves palpitations (possibly because you don't have to worry about them any more)! Very occasionally, if palpitations remain very troublesome, we may give you some medicine known as a beta-blocker.

If you have atrial fibrillation, we will offer you medicines to reduce your heart rate (slow your pulse). Your GP will also discuss whether or not you should be taking blood thinning medication.

This is because this rhythm (AF) makes your blood move more slowly than usual round the edges of the chambers of the heart and so it gets time to clot. These clots can break away and cause a stroke. Taking blood thinning medication lower the chance of the clots forming.

If you are one of the rare patients who actually do have a heart rhythm abnormality we will refer you to a specialist heart (cardiology) clinic for further investigation and treatment.

