

Palpitations: - advice to GPs

“Palpitations” is a non-specific and general term usually relating to an increased and subjective “awareness of heart rhythm”. Palpitations can range from awareness of normal sinus rhythm, ectopics (“missed” or “extra” beats), irregular rhythms that are not particularly rapid (e.g. atrial fibrillation with a controlled ventricular rate) as well as abnormal bursts of fast heart rhythms (tachycardias). These tachycardias are usually split into two distinct types depending on their source, either ventricular or supraventricular, and capturing these rhythms on an ECG is essential for diagnosis. This may be difficult if they only occur episodically. There is a corresponding range of concern and actions taken, much depending on symptoms and signs that a patient presents, from syncope/collapse/breathlessness and chest pain to occasional thumps or co-incidental asymptomatic findings. The aim of this guideline is to aid appropriate reassurance, diagnosis, referral and treatment.

The two most common rhythms resulting in palpitations are sinus rhythm or sinus tachycardia due to an external factor (anxiety, stress, pregnancy, hyperventilation, systemic illness), or ectopic beats. The diagnosis is usually straightforward and based on an accurate description of the palpitations. Pathological tachycardias are best distinguished by ECG characteristics or adverse haemodynamic consequences, although an accurate description of very rapid heart beat with sudden onset and offset is also characteristic. It is also important to take into account the patient’s other medical conditions. Where there are obvious high risk factors or other cardiac diagnoses, consultation with secondary care is advised. Telephone or email discussion with a specialist may avoid unnecessary referrals. Associated symptoms such as chest pain, breathlessness or loss of consciousness may need emergency admission for assessment, treatment or observation.

The gold standard for diagnosis is correlation of symptoms with rhythm using ECG recordings. Ambulatory monitoring may be necessary for episodic or paroxysmal episodes either using 24 hour Holter monitors or the patient activating an event monitor during an attack. 24 hour Holter monitoring provides a diagnosis in only 5% of tests and is best used when symptoms occur on a daily basis, or at least >3 times a week. If symptoms are less frequent than this, prolonged monitoring with an event monitor is more likely to capture a result. If symptoms have a long duration (>1 hour) best advice may be that the patient should get a 12 lead ECG performed at their surgery or nearest A&E department during an attack.

RED FLAGS: Palpitations in the following setting should prompt cardiology referral, ideally to an Arrhythmia Clinic:

- Syncope
- Family history of SCD
- Significant ECG abnormality
- Known major heart disease

Palpitations in Primary Care (non-emergency setting)

