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Palpitations in Adults

INTRODUCTION

Palpitations are a very common symptom in primary care. Differentiating between benign palpitations and those caused by significant arrhythmias or associated with serious underlying disorders can be a challenge, but may be achieved with a careful history, physical examination and basic investigations. Higher risk cardiac patients require further investigation and referral.

OBJECTIVES

This module will enable clinicians to:

- Differentiate the causes of palpitations.
- Initiate appropriate investigations and identify those patients with red flags who need advanced investigations and/or referral.
- Safely treat or decide when a patient needs to be referred.
- Reassure patients with benign palpitations.

This module will not cover the emergency management of more acute serious cardiac rhythm disorders. The term “ectopic beat” has a number of synonyms including : extra-systoles, premature beats, premature atrial or ventricular complexes, and premature contractions. In this module the term “ectopic beat” will be used throughout.

CONTENTS

Information Section	2
Case Commentaries	5
Acknowledgments	7
Reference List	8
Appendices	10

CASES

Case 1: Angela, female, age 58

Angela, reports that she was on the treadmill at the gym yesterday and felt a pounding in her chest. Because of this symptom, she kept her exercise heart monitor on when she got off the treadmill and, according to the monitor, her pulse varied between 50 and 180 bpm for awhile afterwards. She is obviously anxious about her symptoms.

Angela has GORD. She is a smoker: 10 cigarettes per day for the last 40 years. She is otherwise healthy.

What further information would you want to know?

Part Two

Angela has no history of cardiac problems or other health conditions nor is there family history of any note. She has been exercising regularly. She is on Omeprazole for her GORD; she takes no over the counter medication/supplements and is a non-drinker. She has caffeine rarely. She has no history of syncope or chest pain either previously or during the episode. The episode lasted about five minutes. Examination revealed: BP 118/82; heart rate 80 bpm and regular. Heart sounds are normal with no murmurs heard. There are no signs of cardiomegaly, anaemia or heart failure. Her chest is clear to auscultation. Her thyroid is not palpable.

How would you proceed?