Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · CARDIOLOGY

Palpitations
which ones matter, and how we find out

Becoming aware of your own heartbeat is common and usually harmless — extra beats, a thump, a flutter. What determines whether it matters is the company it keeps: what you were doing, how long it lasted, and whether anything else happened at the same time.

Call 999 if palpitations come with

- **chest pain, tightness or pressure**
- **fainting, or nearly fainting**
- **severe breathlessness**, or breathlessness at rest
- a heart rate that is **very fast and does not settle** after several minutes of rest
- palpitations **during exercise** rather than after it

Arrange prompt assessment, rather than an ambulance, if you have a family history of sudden unexplained death under 40, known heart disease, or palpitations that are becoming more frequent. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

The common, harmless kind

Extra beats — ectopics — are felt as a missed beat followed by a thump. They are extremely common, occur in healthy hearts, and are typically noticed most when you are still, in bed or stressed. Paradoxically they often reduce during exercise, which is reassuring.

- caffeine, energy drinks and excessive tea or coffee
- alcohol, particularly binge drinking — sometimes called holiday heart
- nicotine, cannabis, cocaine and stimulants
- stress, anxiety and poor sleep
- dehydration, missed meals and low potassium or magnesium
- decongestants, salbutamol inhalers, thyroid medicine and some antidepressants
- fever, anaemia, an overactive thyroid, and the menopause

Atrial fibrillation

AF is an irregular, often fast heart rhythm. It may cause palpitations, breathlessness or fatigue — or no symptoms at all. It matters because it substantially increases the risk of stroke, and because that risk is largely preventable with anticoagulation.

- Check your own pulse: feel at the wrist for 30 seconds. AF is **irregularly irregular** — no pattern at all to the gaps.
- Many smartwatches and phone devices detect AF reasonably well. A notification is worth acting on, though it needs confirming with a proper ECG.
- AF becomes more common with age, high blood pressure, alcohol, sleep apnoea, thyroid disease and being overweight.
- If AF is confirmed, the two questions are rate or rhythm control, and whether you need anticoagulation to prevent stroke. The second is the one that changes lives.

Capturing an episode is the whole difficulty

Palpitations are intermittent, and an ECG taken while you feel fine is often normal. That does not mean nothing is wrong — it means we have not caught it yet. Options are a 24-hour or 7-day monitor, a patch worn for up to two weeks, or an event recorder you activate during an episode. Keeping a simple diary — time, what you were doing, how long, how it stopped, and your pulse if you can take it — is genuinely valuable and costs nothing.

Slowing a fast regular palpitation

Some fast regular rhythms respond to manoeuvres that stimulate the vagus nerve. If you have been shown these and told they are appropriate for you: bear down as if straining, or blow hard against a closed mouth and pinched nose for 15 seconds. **Do not press on your neck or eyes.** If the episode does not stop within a few minutes, or you feel unwell, call for help.

Reducing episodes

- Cut caffeine substantially for two weeks and see whether it changes anything — a genuine test rather than a vague reduction.
- Reduce alcohol; it is a far more common trigger than people expect.
- Address sleep, including snoring and daytime sleepiness, which may indicate sleep apnoea.
- Regular aerobic exercise reduces ectopics in most people.
- Have thyroid function and a full blood count checked — anaemia and thyroid problems are easily missed causes.

Book an appointment if palpitations are frequent, prolonged, or accompanied by any of the warning symptoms, if you have an irregular pulse, or if a wearable device has flagged a possible rhythm problem. We offer ECG, echocardiography and cardiology review on site, with ambulatory monitoring arranged through our CQC-registered partners.

ECG and echocardiography on site

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Cardiology** · **Echocardiography** · **Blood tests** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE guidance on palpitations and atrial fibrillation. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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