



Your heart

Symptoms, risk and what to do next



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Breathlessness • Chest pain • Palpitations
Family history • Prevention • Exercise

An explanation of what your symptoms might mean, what a heart assessment can tell you, and how to look after your heart for the years ahead.

USING THIS GUIDE

A good place to start

If you've downloaded this guide, there is probably something on your mind. Perhaps you're getting more breathless than you used to, you've noticed an uncomfortable fluttering in your chest, or someone in your family has had a heart problem and you're wondering what that means for you.

These are the sorts of questions I discuss with patients every week. Looking online can be helpful, but it can also leave you with a long list of possibilities and very little idea of which ones matter. My aim here is to explain how I think about these problems, and what we can do to get a clearer answer.

You can start with the section most relevant to you. Later in the guide, I explain why prevention has become such an important part of my practice, including for people who currently feel completely well.

Find the section you need

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When to seek urgent help

Call 999 for new or persistent chest pressure or tightness, particularly if it spreads to your arms, jaw or back, or comes with sweating, nausea or breathlessness. Severe difficulty breathing, collapse, or palpitations with chest pain, breathlessness or feeling faint also need emergency help. Do not drive yourself.

For new or worsening symptoms that are not an emergency, seek prompt medical advice from your GP or NHS 111. If an episode with concerning symptoms has stopped, you may still need urgent assessment. Do not wait for a private appointment.

This guide provides general information. It cannot establish a diagnosis or replace advice based on your own circumstances. Do not change prescribed treatment on the basis of the guide.

UNDERSTANDING YOUR SYMPTOMS

Why am I getting breathless?

Getting out of breath when you push yourself is normal. What matters is whether something has changed: the hill you used to walk up comfortably now needs a stop halfway, or an ordinary flight of stairs has become hard work.

It is tempting to put this down to age or being less fit. Sometimes that is part of the explanation, but I would not assume it without understanding what has changed. Breathlessness can have several causes, and more than one may be present at the same time.

It is not always the lungs

Asthma, other lung conditions, anaemia and a loss of fitness can all contribute. So can heart valve disease, rhythm problems, coronary artery disease and heart failure. Some people with coronary disease become breathless on exertion without ever getting the chest pain they associate with angina.

The pattern helps. Is it happening during exercise or at rest? Is it worse when you lie flat? Have your ankles become swollen? Do you notice a racing heart, wheezing or chest discomfort? These details are often more useful than simply saying you feel short of breath.

What does “heart failure” actually mean?

It is an alarming name. It means the heart is not pumping or filling as effectively as the body needs; it does not mean it has stopped. Some people have a weakened heart muscle. Others have a heart that squeezes reasonably well but has become stiff and does not fill normally. The latter can be missed if we look only at the pumping percentage on a scan.

Treatment has moved on considerably. Depending on the type of heart failure, combinations of medicines can improve symptoms and reduce hospital admissions; several also improve survival in people with a weakened heart. SGLT2 inhibitors are one example of newer treatment, and can help even without diabetes. Diuretics relieve excess fluid. Selected patients benefit from a device that helps the heart chambers contract together, or treatment of a valve problem.

How I would investigate it

After listening to your history and examining you, I may recommend an ECG, blood tests and an echocardiogram: an ultrasound scan of the heart. A blood marker called NT-proBNP can help assess the possibility of heart failure. Sometimes lung tests, a heart MRI or an exercise test are useful too. The tests should follow the question we are trying to answer.



If breathlessness is limiting what you can do, a proper assessment can help identify the cause and a sensible way forward. For sudden or severe symptoms, see page 2.

If it's been going on for a while, I'd be glad to help you get some answers — [01202 084550](tel:01202084550) or book online at coastalcardiology.co.uk.

UNDERSTANDING YOUR SYMPTOMS

Could my chest pain be my heart?

Chest pain is understandably worrying. There are plenty of causes that do not come from the heart, including reflux and problems with the muscles or joints of the chest wall. But the first job is to recognise when a heart problem needs urgent attention.

If you have new or persistent chest pressure or tightness, especially with sweating, nausea, breathlessness or pain spreading to your arm or jaw, call 999. The discussion below is about assessment of symptoms once an emergency has been excluded.

Angina does not always feel like “pain”

People often describe a pressure, heaviness, squeezing or burning sensation. It may appear when walking uphill, hurrying or going out in cold weather, and improve with rest. Sometimes discomfort is felt in the arm, jaw or back. A heart problem does not have to produce dramatic pain in the centre of the chest.



Angina occurs when the heart muscle does not get enough oxygen-rich blood for what it is being asked to do. Narrowing in a coronary artery is a common cause. However, problems with the smaller blood vessels or temporary spasm can also cause symptoms, even when the main arteries do not have a major blockage.

What can a scan tell us?

A CT coronary angiogram is often useful when the history suggests angina. It uses contrast dye and X-rays to show the coronary arteries, including plaque and narrowing. A reassuring result can be very helpful, but it has to be interpreted alongside the symptoms: no single test explains every possible cause of chest pain.

An ECG, blood tests, an echocardiogram or other imaging may be appropriate in different circumstances. A normal resting ECG on its own does not rule out a heart problem. An exercise ECG can answer some questions, but it is not a reliable stand-alone way to exclude coronary disease.

Finding the cause changes the treatment

If coronary disease is present, we think both about relieving symptoms and reducing future risk. That may mean medication, cholesterol and blood pressure treatment, and changes to lifestyle. A stent or bypass operation is appropriate for some people, depending on their symptoms and the pattern of disease; a narrowing does not automatically mean a procedure is needed.

Other diagnoses need different treatment. Inflammation around the heart, for example, is managed differently from reflux or angina. If symptoms persist after an initial reassuring test, they still deserve an explanation.

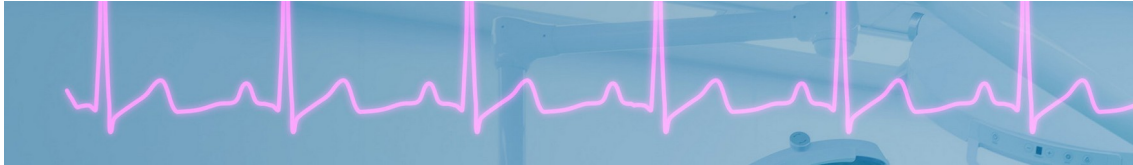
At a consultation, I would want to understand exactly what brings the discomfort on, what it feels like, and how it affects you. That is the starting point for deciding what to investigate.

Chest pain deserves a proper explanation, not just reassurance. If it's still on your mind, let's talk it through — [01202 084550](tel:01202084550) or book online at coastalcardiology.co.uk.

UNDERSTANDING YOUR SYMPTOMS

Why is my heart racing or skipping?

Palpitations describe an awareness of your heartbeat: thumping, fluttering, racing or seemingly missing a beat. They can feel quite dramatic, even when the underlying rhythm is harmless. The sensation alone does not reliably tell us which rhythm is responsible.



A “missed” beat may actually be an extra one

An early beat, called an ectopic, can be followed by a pause and then a stronger beat. That pause is often what people notice. Ectopics are common and are usually harmless, particularly when the heart is otherwise healthy. If they are frequent or troublesome, it is worth assessing their number and checking the heart's structure and function.

Poor sleep, alcohol, stress and stimulants can make palpitations more noticeable. Thyroid problems, anaemia, hormonal changes and some medicines may also contribute. Anxiety can amplify the sensation, but it should not be used as a substitute for understanding what is happening.

Catching the rhythm is often the key

An ECG records only a short snapshot. If your symptoms are intermittent, it may be entirely normal in the clinic. A portable monitor worn during everyday life can help us match the feeling you describe to the rhythm at that moment. How long you wear it depends on how often the symptoms occur.

If your watch can record an ECG, save a tracing during an episode if you can do so safely. It may be useful, but a watch alert needs proper interpretation, and a normal reading does not exclude every rhythm problem. Do not delay urgent help to make a recording.

Atrial fibrillation: symptoms are only part of the picture

Atrial fibrillation, or AF, is an irregular heart rhythm. Some people feel it strongly; others have very few symptoms. Alongside controlling the rate or restoring a normal rhythm, we assess stroke risk and whether a blood-thinning medicine, called an anticoagulant, is needed.

For many people, a direct oral anticoagulant is suitable. These avoid the frequent clotting blood tests (INR checks) used with warfarin, but still need periodic blood tests and a review of kidney function, bleeding risk and dose. Warfarin remains appropriate in some circumstances.

Depending on the rhythm, treatment can include reassurance, medication, a controlled electrical treatment called cardioversion, or catheter ablation to target tissue causing the abnormal rhythm. The best choice depends on the diagnosis and how the symptoms affect you.

Palpitations with chest pain, breathlessness, dizziness or feeling faint need urgent help: see page 2. For recurrent episodes, a note of their duration, triggers and any pulse or ECG recording can make your assessment much more informative.

If they're becoming frequent or hard to ignore, I can help you get to the bottom of them — [01202 084550](tel:01202084550) or book online at coastalcardiology.co.uk.

UNDERSTANDING YOUR RISK

What does my family history mean?

If a parent had a heart attack or a relative died suddenly, it is quite natural to wonder whether the same thing could happen to you. Family history matters, but the details matter too. Different heart conditions run in families in different ways.

Two different kinds of inherited risk

Common coronary artery disease often reflects a combination of many inherited influences and factors such as cholesterol, blood pressure, smoking and diabetes. A heart attack at a young age in a close relative can therefore be relevant even if you feel well and lead a healthy life.

Other conditions may be linked to a change in one particular gene. Examples include some cardiomyopathies, which affect the heart muscle, some electrical rhythm disorders, and familial hypercholesterolaemia, which causes high cholesterol from early life. These may need a more specific approach to assessment and family screening.

The useful details to bring

If you can, find out which relatives were affected, their ages when problems began, and the actual diagnosis. A 'heart attack' and a cardiac arrest are not the same thing. A heart attack is caused by loss of blood supply to part of the heart; cardiac arrest means the heart has stopped circulating blood effectively, and can have several causes.

Sudden unexplained deaths, heart transplants, a diagnosis of cardiomyopathy, very high cholesterol, or pacemakers and defibrillators at a young age can all be useful clues. Copies of letters or a post-mortem report may help, if available. Do not worry if your information is incomplete: we can work with what you know.

What can we do with that information?

I may draw a family tree and recommend blood tests, an ECG or an echocardiogram. In selected families, genetic testing can identify a cause and help decide which relatives need follow-up. Testing is often most informative when it starts with an affected family member.

A negative genetic result does not always exclude an inherited condition. Occasionally a result is uncertain, which is one reason to discuss the possible outcomes before testing. Polygenic risk scores address a different question: inherited susceptibility to common disease. I explain those on page 9.



A family history is a reason to understand your risk, not a prediction of your future. If it has been worrying you, we can look at it properly and decide whether reassurance, screening or prevention is appropriate.

That conversation starts with a call or a booking — [01202 084550](tel:01202084550) or coastalcardiology.co.uk.

LOOKING AFTER THE YEARS AHEAD

Why I focus on prevention



Keeping active and spending time outdoors are part of my own life, too.

Over the years, my own practice has shifted. Alongside treating heart problems once they have arrived, I have become increasingly interested in what we can do to stop them developing in the first place.

For me, that is about the life you want to keep living: having the energy to enjoy your family, travel, exercise or get round the golf course. Living longer matters, of course, but so does being well enough to enjoy those years.

I try to practise what I preach. Strength training, cycling and getting outdoors are part of my life, alongside attention to food, sleep and stress. That does not mean getting everything right every day. It means finding habits you can sustain.

You can feel completely well while blood pressure or cholesterol is increasing your long-term risk. And a low ten-year risk score, particularly in a younger person, does not necessarily tell the whole lifetime story. Family history and the length of time you have been exposed to a risk factor can matter too.

A good prevention plan starts with understanding you: your medical and family history, the right measurements, and the things you want to stay able to do. Sometimes lifestyle changes are enough; sometimes medication adds worthwhile protection. We should discuss the likely benefit in your circumstances.

You do not need to wait for symptoms to have that conversation.

Whenever you're ready to start — [01202 084550](tel:01202084550) or book online at coastalcardiology.co.uk.

MAKING SENSE OF THE EVIDENCE

Cutting through the hype

Longevity and 'wellness' are everywhere: podcasts, influencers and supplement brands, all promising to help you live longer and feel better. Some of it is useful. A lot of it isn't, and some of it is actively unhelpful, dressed up in the language of science with very little evidence behind it.

I'd ask you to consider who is giving the advice, what their expertise is, and what they might be selling. I am a full-time NHS Consultant Cardiologist with a research degree in inherited heart disease from University College London. Assessing evidence, treating patients and being accountable for that advice are central to my working life.

A plausible idea is not the same as a proven benefit

A study in a laboratory, an improvement in a blood marker and evidence that people have fewer heart attacks are different things. When someone claims that a treatment slows ageing or protects your heart, the useful question is: what has actually been shown in people, and how good was the study?

That is the approach I bring to prevention. No fads, no products I have a financial interest in pushing, and no presenting uncertain ideas as established fact. Where the evidence is strong, I will say so clearly. Where it is still developing, I will explain the limits.

The things that deserve your attention

For most people, the priorities are familiar: avoiding smoking, keeping blood pressure and cholesterol under control, staying active, and addressing diabetes or excess weight where relevant. Regular aerobic exercise and strength work both have a place. Food, sleep and a manageable approach to stress are part of a sustainable plan too.

Familiar does not mean unimportant. Doing these things consistently is usually a better starting point than spending money on an impressive-looking collection of supplements or a large panel of tests with no clear purpose.

Nor does taking a medicine mean that lifestyle has somehow failed. If a treatment offers meaningful protection, we can weigh that benefit against its disadvantages and decide together. There is no prize for avoiding a treatment that would help you.

My aim is to help you focus your time, energy and money on the things most likely to make a worthwhile difference to your future health.

If you'd like an honest, evidence-led opinion on where to start — [01202 084550](tel:01202084550) or book online at coastalcardiology.co.uk.

CHOOSING TESTS THAT ARE USEFUL

How much more can we check today?

Modern cardiology gives us more ways to understand risk before symptoms appear. That can be valuable, particularly when the usual measurements leave an unanswered question. But more information is only helpful if we know how to use it.

A closer look at cholesterol

A standard cholesterol profile remains useful. Apolipoprotein B, usually shortened to apoB, can add information about the number of particles capable of contributing to plaque in the arteries. Lipoprotein(a), or Lp(a), is a largely inherited risk factor that is not included in a routine cholesterol profile. A high result may strengthen the case for addressing the risks we can modify.

Seeing the coronary arteries

A CT coronary angiogram can show plaque as well as narrowing in the main heart arteries. A different scan, a coronary calcium score, measures calcified plaque and can help refine risk in selected people. The tests answer different questions: a calcium score of zero does not exclude all plaque.

I would not recommend a CT scan simply because one is available. We need to consider your symptoms, risk, the radiation exposure, contrast dye where required, and whether the result would change treatment. CT coronary angiography is not a routine screening test for every healthy person.

Genetics and polygenic risk scores

Targeted genetic testing looks for changes associated with particular inherited conditions. Polygenic risk scores combine many genetic variants to estimate susceptibility to common disease, such as coronary artery disease. They may add information alongside conventional risk factors, including in someone whose short-term risk looks low because they are young.

They are not a diagnosis or a prediction that you will have a heart attack. Their usefulness varies with the score and the population in which it has been studied, and evidence about how best to use them to improve outcomes is still developing. They should complement, rather than replace, established assessment and clinical judgement.

Measuring fitness

Cardiopulmonary exercise testing measures the oxygen you use during exercise, alongside your heart's and lungs' responses. It can help investigate unexplained exercise limitation and provide an objective measure of fitness. A consumer watch's estimate is not the same as a laboratory measurement.

The question I ask before recommending a test is simple: what might we do differently once we know the result? A useful assessment may involve a few well-chosen tests, rather than every test available.

Happy to talk through what's actually worth checking in your case — [01202 084550](tel:01202084550) or coastalcardiology.co.uk.

SPORTS CARDIOLOGY

Exercise, with confidence

You do not have to be an elite athlete to benefit from sports cardiology. It is relevant to anyone who wants to be active, whether that means returning to exercise after a heart problem, investigating symptoms during training, or working out what is sensible with a family history.

A change during exercise is worth understanding

If you are used to exercising, you often have a good sense of what is normal for you. A persistent, unexplained fall in performance, unusual breathlessness, chest discomfort, palpitations or dizziness can therefore be useful information. Fitness is beneficial, but it does not rule out heart disease.

Do not push through chest pain, marked breathlessness or feeling faint. Stop and seek medical advice; ongoing severe symptoms need emergency help. Fainting during exercise warrants urgent assessment, even if you subsequently feel better.

Fitness and strength both matter

For general health, UK guidance recommends at least 150 minutes of moderate activity or 75 minutes of vigorous activity each week, alongside strength work on at least two days. That is a broad target, not a personalised prescription. If you are starting from very little activity, a smaller amount is a worthwhile beginning.



I am particularly interested in helping people build fitness they can keep. That means choosing exercise you enjoy, progressing sensibly and making room for recovery. Walking, cycling, swimming, gym work and many other activities can contribute. The right mix depends on your health, experience and goals.

Living with a heart condition does not always mean stopping

Many people can remain active with a heart condition, but the advice should be specific to the diagnosis. After a heart attack, heart surgery or a diagnosis of heart failure, cardiac rehabilitation can provide a supported route back to activity. Some inherited conditions and rhythm disorders need more individual discussion about exercise intensity and type.

Where appropriate, an assessment may include an ECG, echocardiogram, rhythm monitoring during exercise or a cardiopulmonary exercise test. These help us understand how your heart responds to the activity you want to do.

If your goal is to get back to something you enjoy, tell me what that is. Being able to play a round of golf, keep up on a family walk or return to training gives us something practical to work towards.

Let's put a plan together — [01202 084550](tel:01202084550) or book online at coastalcardiology.co.uk.

TAKING THE NEXT STEP

What would a consultation involve?

You do not need to arrive knowing which test you want or what your diagnosis might be. That is what the consultation is for. Bring the problem, the concern, or the question you have been turning over in your mind.

First, I listen

We will go through your symptoms, medical history, medication and family background, as well as what you are hoping to understand. If you feel well and are coming for prevention, we will focus on your current risk factors and your longer-term health goals.

Then we decide what needs checking

Some questions can be answered from the history, examination and existing results. Others need investigation. An ECG records electrical activity; an echocardiogram looks at heart structure, valves and function; a portable monitor records the rhythm over time. CT, MRI or exercise testing may be useful for particular questions. You will not necessarily need all, or any, of these.

You should understand the plan

I will explain what I think is happening, what remains uncertain, and the reasons for any recommended tests or treatment. We can then agree the next step and whether follow-up is needed. Sometimes the outcome is reassurance. Sometimes we identify something that can be treated, or a risk worth reducing before it becomes a problem.

A little about me

I am Dr Chris Critoph, a Consultant Cardiologist at University Hospitals Dorset, with particular interests in heart failure, inherited heart conditions, sports cardiology and prevention. I trained in London and Australia, and completed my research degree at University College London before moving to Dorset in 2015.

Alongside my NHS work, I see private patients in Bournemouth at Nuffield Health Bournemouth Hospital and Dorset Heart Clinic. I aim to give you a clear explanation and advice that fits your circumstances.

If you would like my opinion on your symptoms or your future heart health, I would be pleased to see you.

Arrange a consultation

01202 084550 | info@coastalcardiology.co.uk

Or book online: coastalcardiology.co.uk/consultation

My secretary can help with appointments, fees and any insurer requirements. Telephone and video consultations are available.

Useful to bring: your medication list, previous results or letters, a brief symptom diary, and any family history you have been able to gather.

www.coastalcardiology.co.uk