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Fatigue and Your Heart

Most tiredness has another cause. These are the signs that move the heart up the list, and how fast to get checked.

3 tests
at minimum, a BNP blood test, an EKG and an echo, when fatigue comes with a heart symptom

Over 65
with new, unexplained fatigue should always get a careful pulse check and an EKG to look for atrial fibrillation

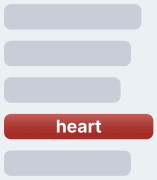
20 to 30%
drop in the heart's output in many people when atrial fibrillation sets in

WHEN FATIGUE MAY BE YOUR HEART

One extra symptom changes the picture

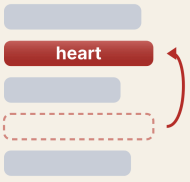
Fatigue on its own

list of possible causes



The heart is usually further down the list

Fatigue plus any one of these



The heart moves up the list quickly

- **Short of breath with effort** — one flight of stairs leaves you winded
- **More pillows at night** — than you used to sleep on
- **Leg swelling** — especially in both legs
- **Palpitations** — or known atrial fibrillation
- **Chest discomfort** — during exertion
- **A heart history** — past heart attack, valve disease or cardiomyopathy
- **A sudden decline** — coming on fast, over a short time

THE USUAL HEART CAUSES

Heart conditions that cause fatigue

Heart failure
The leading heart cause. Treatment usually eases fatigue a lot within weeks to months.

Atrial fibrillation
Some people have it for years without knowing. Rate or rhythm control often resolves the fatigue.

Slow heart rhythms
The heart rate can't keep up with demand, and a pacemaker treats it when it causes symptoms.

Valve disease
Severe aortic stenosis or mitral regurgitation, often blamed on getting older.

Narrowed heart arteries
Tiredness with effort that eases with rest, sometimes in place of chest pain.

Pulmonary hypertension
High pressure in the lung arteries strains the right side of the heart.

Cardiac amyloidosis
Especially in men over 65 with carpal tunnel in both hands and thick heart walls on echo.

POTS
A lasting pulse rise of 30 or more a minute (or above 120) within 10 minutes of standing, with no big blood pressure drop.

Get it checked

Fatigue that is new, getting worse, comes with other symptoms or is out of proportion to your situation deserves evaluation. Most of the causes are treatable.

WHEN TO SEEK CARE AND WHAT GETS CHECKED ARE ON THE BACK

WHEN TO SEEK CARE

How fast to act, and what gets checked

CALL 911 OR GO TO THE ER

Heart warning signs	Fatigue with chest pain at rest, sudden severe shortness of breath, fainting or new severe palpitations.
Stroke warning signs	Fatigue with sudden severe weakness on one side of the body, a drooping face or trouble speaking.

CALL YOUR DOCTOR

the same day or within a few days

New heart symptoms	Fatigue with new shortness of breath on exertion, new leg swelling or new palpitations.
Weight loss, sweats, fever	Fatigue with major weight loss you didn't intend (especially over 5% of your body weight), night sweats or fevers.
Getting worse fast	Fatigue that is progressing quickly, over weeks.

SEE YOUR PRIMARY CARE DOCTOR

within a few weeks

No alarm features	Long-standing fatigue without warning signs, or fatigue that has slowly worsened over months.
A likely cause in mind	Fatigue you suspect comes from a medicine, known sleep problems, or mood or stress.

WHAT GETS CHECKED

Blood tests	A blood count (CBC), kidney function and electrolytes, liver tests, thyroid (TSH), fasting glucose or A1C and vitamin D. Iron when anemia shows up, B12 and folate for anemia or nerve symptoms, and a BNP or NT-proBNP when the heart is on the list.
Heart tests	An EKG looks for atrial fibrillation, an old heart attack and wiring problems. An echocardiogram is the next step when the heart is suspected. Rhythm monitoring, a stress test or a coronary CT scan depend on what's suspected.
Other tests	A sleep study for suspected sleep apnea, breathing tests for COPD or asthma, and a cardiopulmonary exercise test to help sort heart from lung from being out of condition.

MOST FATIGUE HAS ANOTHER CAUSE

Common ones are anemia, an underactive thyroid, diabetes, sleep apnea, depression, kidney or liver disease, medicines (beta-blockers among them), long COVID and being out of condition. Talk to your prescriber before changing any medicine.

READ THE FULL ARTICLE

damianrasch.com/fatigue-cardiac

For education only, and not a substitute for advice from your own physician. Sources include the 2022 AHA/ACC/HFSA heart failure guideline, the 2020 ACC/AHA valvular heart disease guideline, the 2019 AHA/ACC/HRS atrial fibrillation update and the 2015 HRS consensus statement on POTS.

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