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Suzie thought her palpitations were due to stress and so did doctors. But it wasn't her heart, it was her thyroid...

By JO WATERS

FOR nearly eight months Suzie Brown simply assumed the pounding palpitations in her chest were stress-related.

'My dad had been diagnosed with terminal cancer so I was under immense stress – and I was only 40, I didn't think it could be anything serious,' recalls Suzie, an insurance claims manager who lives in Heysham, Lancashire.

Nonetheless, she repeated random episodes of thumping heartbeats and mild chest pains, left her terrified.

'I could be picking up my daughter aged eight from school, or lying in bed – there didn't seem to be any pattern,' says Suzie, now 42, who is married to Ashley, 38, who [illegible] in [illegible], 2024, four months after her symptoms first began, Suzie's heart started pounding constantly and 'very loudly' in her ears – excruciating chest pains kept her awake at night.

'I was convinced I must be having a heart attack,' she says.

By the Tuesday, the family was so concerned that Suzie's dad drove her to hospital.

An ECG (to measure heart rate) and blood tests ruled out a heart attack, so Suzie was discharged.

But her symptoms continued. Suzie began feeling hot and sweaty, so concerned that Suzie's dad drove her Suzie was discharged.

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Her GP got her to fill in an online symptom-checker, but nothing was flagged up.

Over the following months, with palpitations continuing, Suzie lost stone and a half and had [illegible], 'irritable and [illegible]', she [illegible] her hand wired', she also noticed her hair [illegible] and her eyes [illegible] April 2026 [illegible] to A&E be [illegible] flagged up.

Finally, out for a jog one day in diagnosis – yet early identification [illegible]

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This can often lead to delays in diagnosis – yet early identification of an overactive thyroid is crucial. Left untreated, the constant strain on the heart can lead to atrial fibrillation (an [illegible]) It was [illegible] crucial. Left untreated, the lead that strain on the [illegible] overactive thyroid [illegible].

Finally, out for a jog one day in April 2025, she happened to see at her [illegible] an her heart rate was 180 beats per minute (a healthy exercising rate of 40-year-olds is 90 to 150), erratic heart beat), and told increased risk of stroke.

In rare cases, uncontrolled overactive thyroid can develop into a what triggers Graves', but smoking may increase the risk.)

Excess thyroid hormone overstimulates the heart – which, along with the nerves and gut, has a particularly high concentration of thyroid hormone receptors, explains Kristien Boelaert, professor of endocrinology at the University of Birmingham, and adviser to the British Thyroid Foundation charity. This leads to a faster metabolism, and potentially heart palpitations.

'It can also cause faster transit through the gut, weight loss, tremor and heat intolerance [illegible] a whole host of other symptoms,' she told Good Health.

But symptoms, such as palpitations, sweating and trouble sleeping, can overlap with other common problems including stress and cardiac conditions, which can make diagnosis tricky, particularly for women, as they also mimic classic menopause symptoms, says Professor Boelaert.

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In rare cases, uncontrolled overactive thyroid can develop into a life-threatening 'thyroid storm' where a sudden, massive release of thyroid hormones into the bloodstream tips the metabolism into overdrive.

Symptoms include high blood pressure, fever, sweating, shaking, vomiting and agitation: it's a medical emergency that can lead to death in up to 30 per cent of cases.

Yet despite having classic symptoms of an overactive thyroid, more than eight months passed before the condition was even mentioned to Suzie. She then had another four-month wait to see an endocrinologist, a hormone specialist.

Her experience is common. A 2032 survey by the University of Aberdeen, of 1,300 people with thyroid disease, found the waited on average four and a half years for their diagnosis.

Sometimes women wich as palpitations may be misdiagnosed sleeping, can overlap with including panic disorder.

Others may have unnecessary cardiac investigations without first being tested for thyroid function. Professor Boelaert says that a middle-aged woman with repeated bouts of significant heart palpitations should be first given a thyroid function test.

But this was not the case for 42-year-old Michelle Smythe, who underwent two unnecessary cardiac procedures because doctors diagnosed a heart complaint both procedures failed that the doctor-of-two was finally given a blood test to check her thyroid function and the truth was revealed – in spite of a family history of thyroid problems.

Michelle's symptoms began during her pregnancy 15 years ago, when her heart rate shot up to 200bpm.

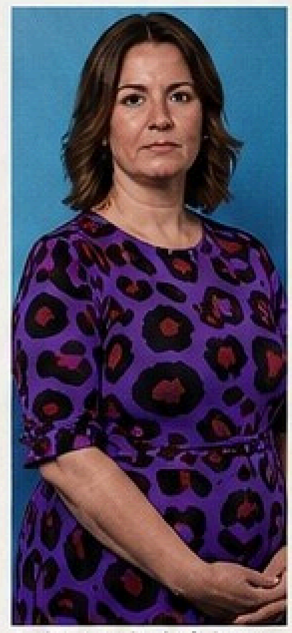
'I was short of breath and shaking, it was really terrifying,' recalls Michelle, who works as a caretaker and has asked to use a pseudonym because of ongoing medical treatment.

SHE was diagnosed with supraventricular tachycardia – episodes of abnormally rapid heartbeats caused by faulty electrical signalling in the heart – and told she'd need a car[illegible] the faulty signalling. The five-hour procedure was performed under local anaesthetic.

'I found it extremely painful as morphine doesn't work for me,' says Michelle, from Maidstone in Kent.

When the operation proved ineffective, doctors repeated it three months later. Again, it didn't work and my palpitation attacks continued,' says Michelle.

It was only when planning a third ablation that her consultant finally did a thyroid function test, and Michelle was diagnosed



Anxious months: Suzie Brown

both procedures failed that the wener-of-two was monthy of hell having completely unnecessary heart procedures, she told Good Health. 'I m spite of a family why they didn't do a thyroid blood test when I first started with palpitations.'

By the time she was diagnosed, her thyroid gland was already damaged and had to be surgically removed.

Michelle will now take artificial form of thyroid hormone for the rest of her life.

She was later awarded £6,000 compensation by the hospital.

'All of this trauma could have been avoided had the blood test been done at the right time,' she says.

Suzie echoes this frustration. After her diagnosis with an overactive thyroidism, she was started on the drug carbimazole to control her thyroid levels – although it can take another four months for her palpitations to ease while doctors tried to find the right dose for her.

Now her palpitations are gone. 'I'm improving. But short of breath and sweats are better and symptoms are getting better. I'm putting my heart under less stress and me at risk of having long-term symptoms.'

Professor Derek Connolly, consultant cardiologist at the Midland Metropolitan University Hospital, says that palpitations are often caused by atrial fibrillation, 'high blood pressure' or coronary artery disease.

But he adds: 'One of the things you should absolutely screen everyone who comes in with palpitations for is thyroid disease – with a blood test.

'That is a standard test, even though it is a relatively rare cause. In younger women with palpitations, I would be looking for thyroid disease.'

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