



Bradycardia (slow heart rhythm)



Working together to improve the diagnosis, treatment
and quality of life for all those affected by arrhythmias

www.heartrhythmalliance.org

Registered Non-Profit 501(c)(3)

Glossary

Arrhythmia Irregular or abnormal heart beat which may be excessively fast or slow

Atria Upper chambers of the heart

Asystole Cessation of heart beat

Bradycardia Slow heart rate less than 60 beats per minute (bpm)

Event Monitor A small, wearable device that records your heart's electrical activity

Heart Block Interrupted or slow conduction of electricity through the heart's special wiring system.

Insertable Cardiac Monitor (ICM) Previously known as Implantable loop recorder (ILR) A small monitor inserted for a period of time to record your heart activity

Syncope The medical term for fainting; a temporary loss of consciousness due to a sudden drop in blood flow to the brain.

Ventricles Lower chambers of the heart

Important Information

This booklet is intended for use by people who wish to understand more about bradycardia. The information within this booklet comes from research and previous patients' experiences. Additional information can be sourced from the website www.hearhythmalliance.org

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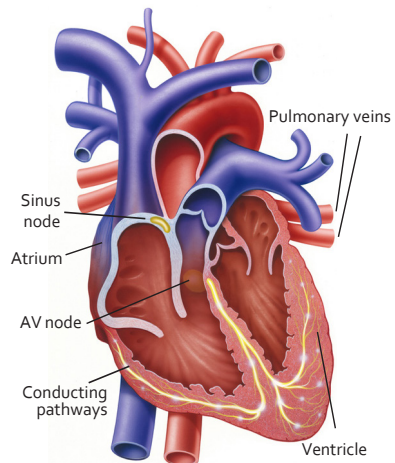
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The normal electrical system of the heart

The heart comprises four muscular chambers that contract to pump blood. These include two upper chambers (atria) that receive blood from the body. Each atrium then pumps blood to a bottom chamber (ventricles) which in turn pump blood to the rest of the body. In order to work in a coordinated manner, the heart has its own electrical conduction system. In its simplest form, this is made up of two specialized structures or nodes and conduction pathways or bundles, all of which contain conduction cells that transmit electrical impulses (see diagram).

The heart and normal conduction



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The normal heartbeat begins when an electrical impulse is created and sent from the sinus node (also called sino-atrial or SA node), in the right atrium. The sinus node is responsible for setting the rate and rhythm of the heart and is therefore referred to as the heart's natural 'pacemaker'.

The electrical impulse fired from the SA node spreads throughout the atria, causing them to contract and squeeze blood into the ventricles. The electrical impulse then reaches the atrioventricular node (AV node), which acts as a gateway, slowing and regulating the impulses traveling between the atria and the ventricles.

The impulse subsequently travels down specialized pathways or bundles into the ventricles. These bundles are the Bundle of His which is linked with the AV node and which divides into the left and right bundle branches. When the ventricles become excited, they contract and pump blood to the lungs and around the body. The normal adult heart beats in a regular pattern 60-100 times a minute; this is called sinus rhythm. The cycle then begins all over again.

What is an arrhythmia?

Sometimes, if the conduction pathway is damaged or blocked, or if an extra pathway exists from birth, the heart's rhythm changes. The heart may beat too quickly (tachycardia), too slowly (bradycardia), in regular or irregular fashion which may affect the heart's ability to pump blood around the body effectively. These abnormal heartbeats are known as arrhythmias. They can occur in the atria and/or in the ventricles. In this booklet we will concentrate on bradycardia.



Bradycardia

Bradycardia is a term that describes a number of different conditions in which the heart beats at an unusually slow rate. If impulses are sent from the sinoatrial node at a slow rate, or if the impulses are delayed as they travel through the conduction system, the heartbeat will be slow.

Sinus bradycardia is an unusually slow heartbeat due to normal causes and commonly occurs in athletes or during a state of deep relaxation. This is perfectly normal and does not usually cause any difficulties.

Bradycardia may also be caused by age-related degeneration of the heart's electrical conduction system, coronary heart disease or by medications prescribed to treat other arrhythmias or high blood pressure. Once these medications have been reduced or discontinued, the bradycardia will usually resolve on its own. However, only alter your medication under the guidance of your heart physician (cardiologist).

General conditions of the body can cause bradycardia. Examples include having a low thyroid level (hypothyroidism) or an electrolyte imbalance, such as too much potassium in the blood (hyperkalaemia).

There are many other causes of bradycardia such as heart disorders present at birth (congenital heart disease), heart surgery, heart attacks, heart infections and blood salt (electrolyte) abnormalities.

Signs and symptoms of bradycardia

Some types of bradycardia produce no symptoms, while others may cause fatigue, dizziness, breathlessness on exertion, chest pain or fainting (syncope). These symptoms of course can be caused by other conditions and are not exclusively related to slow heart rates.

Syncope

Syncope (sin-koh-pee) is the medical term for fainting; a temporary loss of consciousness due to a sudden drop in blood flow to the brain, characterized by a quick onset, brief duration, and rapid, full recovery.

There are several causes of syncope, some more common than others. Most cases of syncope are due to the 'common' faint. However, other important causes include defects of the 'wiring' of the heart. Syncope can occur when the heart slows or momentarily stops (asystole). Therefore oxygenated blood is not pumped to the brain, causing light-headedness, dizziness, fading of vision, buzzing in the ears and loss of consciousness. Often patients will recognize these symptoms and be able to sit or lie down before losing consciousness. However, for many there are no symptoms, just an abrupt loss of consciousness. People of all ages experience syncope, including children (reflex anoxic seizures/reflex asystolic syncope due to unexpected stimuli such as a bump or fright).

Syncope involving bradycardia can easily be diagnosed by taking a detailed history, having an EKG (electrocardiogram if necessary), and using a special event monitor, of which there are various types, based upon the frequency of the symptoms.

There is a separate leaflet available explaining the various types of syncope. If you require an Insertable Cardiac Monitor (ICM), previously known as Implantable loop recorder (ILR), your doctor, nurse or physiologist will discuss this with you.

What investigations are commonly involved for bradycardias?

There are a range of investigations that look for the cause as well as the nature of the different bradycardias. It is important to note that these will be tailored to the individual patient and are performed as part of a complete assessment done by your doctor, which also includes a careful review of your medical history, as well as a physical examination.



Common investigations include blood tests, especially the ones that assess the levels of your blood electrolytes, and an electrocardiogram (EKG) which gives a snapshot of your rhythm at the time of monitoring, as well as more prolonged monitoring by means of a heart monitor. The later investigations include portable EKG devices called Holter monitors or event recorders.

In some cases, especially if the symptoms are occurring very infrequently such as once or twice every few months, and there is a suspicion that the portable heart monitors may miss detecting the arrhythmia, your doctor may recommend the implantation of a small device underneath the skin called an Insertable Cardiac Monitor (ICM).

Finally, in some cases, your doctor may recommend an exercise tolerance test to look at the heart rate in response to physical exercise, or a tilt table test, which involves tilting your head up at an angle of 70 degrees on a flat table to assess the effect of posture on your heart rhythm and blood pressure. This is commonly used in investigating syncope in more detail.

What are the different types and mechanisms of bradycardia?

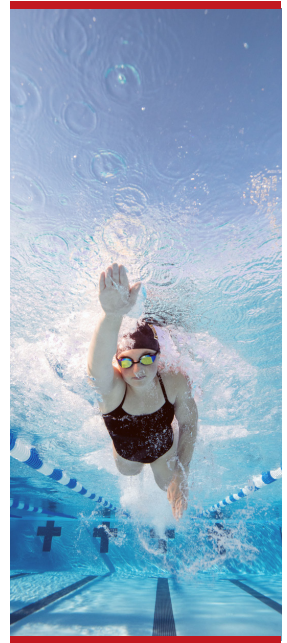
Sinus Bradycardia and Sick Sinus Syndrome

Sinus bradycardia is a slow heartbeat which can occur due to normal causes and commonly seen in athletes or during a state of deep relaxation. This is perfectly normal and should not cause any difficulties. Sinus bradycardia can also occur in patients with heart disease or in response to different medications, the latter being a common aetiology. Once these medications have been reduced or discontinued, the bradycardia will usually resolve on its own. Only alter your medication following advice from your physician.

Sick sinus syndrome occurs when the heart's natural pacemaker, the SA node fails, or is diseased, causing an abnormal heartbeat. This may be due to the SA node producing electrical impulses at a slower rate or the impulses being blocked from reaching the atrial muscle.

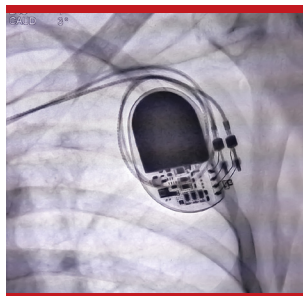
Patients with sick sinus syndrome may experience bradycardias, tachycardias or heartbeats that swap between the two (tachy-brady or brady-tachy syndrome). Although it is more common in elderly people it can occur in children, often after cardiac surgery.

Pacemakers are sometimes required for treating sinus bradycardia or sick sinus syndrome, especially if they are associated with significant symptoms. A pacemaker is a small, implantable electronic device that regulates a slow or irregular heartbeat by sending electrical impulses to the heart, ensuring it beats at a steady, appropriate rate, often placed under the skin in the chest, and consists of a battery-powered generator and wires (leads) connected to the heart.



Heart block

Bradycardias can also occur as a result of a failure of the electrical impulses to be transmitted effectively through the atria and down to the ventricles. The electrical signals may be slowed down or blocked completely. The different types of heart block and the treatment options available are explained below.



In all cases of heart block, and sinus node disease described above, identifying and treating secondary causes (e.g. electrolyte or hormonal abnormalities), as well as discontinuing any offending medication, is an important aspect of treating the arrhythmia.

First-degree heart block

First-degree heart block occurs when the electrical impulses slow as they pass through the AV node. However, all impulses reach the ventricles. First-degree heart block rarely causes any symptoms and is often found in athletes.

No treatment is generally necessary. In patients with first-degree heart block, in patients with first-degree heart block, prescription of medication that controls the heart rate such as beta blockers, requires careful supervision.

Second-degree heart block - Type I

Second-degree heart block - Type 1 occurs when the electrical impulses are delayed to a greater extent with each heartbeat until a beat is skipped entirely and the cycle then repeats.

This may rarely cause dizziness and other symptoms. In such cases, a pacemaker may be required.

Second-degree heart block - Type II

Second-degree heart block - Type 2 occurs when some of the electrical impulses from the SA node are unable to reach the ventricles, for example every third or fourth impulse. This is because of underlying disease.

A pacemaker is likely to be required to control and regulate the heart rhythm.

Third-degree heart block (complete heart block)

Third-degree heart block occurs when no electrical impulses reach the ventricles, this is usually as a result of underlying disease or due to medications. In the absence of any electrical impulses from the atria, the ventricles may produce impulses on their own; these are called ventricular escape rhythms and can arise from the different bundles or the ventricular muscle itself. However, these escape rhythms tend to be slow and the patient may feel very unwell.

This type of heart block can sometimes occur for a short time in certain types of heart attack and may require a temporary pacemaker. Some patients may not recover normal rhythm requiring a permanent pacemaker.

If you require a permanent pacemaker your doctor, and nurse and/or physiologist will discuss this with you. For further information contact Arrhythmia Alliance for our Pacemaker patient information booklet.

Why do I need treatment?

The goal of treatment is to keep your heart rate at a rate high enough to allow sufficient blood flow to the body.

If severe bradycardia is left untreated, it can cause serious problems such as fainting or even death.

What can I do to help my condition?

- Try to be active on a daily basis if possible. Your doctor will be able to advise on safe exercise for your individual circumstances.
- Eat a healthy and balanced diet.
- Try to maintain a healthy weight. Ask your doctor for help if you need to lose weight.
- If you smoke, your doctor will provide support to help you quit.
- Ensure that any other health problems such as high cholesterol or high blood pressure are well managed.



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improve the diagnosis,
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**“After experiencing many ‘pauses’ a
pacemaker saved my life”**

Paul

To view our patient resources, scan the
QR code below:



Please remember that this publication
provides general guidelines only. Individuals
should always discuss their condition with
a healthcare professional. If you would like
further information or would like to provide
feedback, please contact Arrhythmia Alliance.

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