**Title:** GP referrals for benign palpitations: retrospective review of two strategies

**Background:** Palpitations are usually benign, yet are the most frequent reason for cardiology referral (and the most commonly declined at 25%). This retrospective study evaluates the safety of two triaging strategies—Decline vs. Monitor—for palpitations at Waitematā District Health Board. Our classification of these strategies was post-hoc. We assess whether declined patients experience adverse outcomes.

**Method:** We analysed GP referrals declined for cardiology review (Jan 2022–Dec 2023) and those directed to Holter/Event monitors (over a longer time frame to get adequate numbers: Aug 2018–July 2023). Patients with any previous cardiology encounter were excluded. Electronic records were reviewed.

**Results:** A total of 314 patients were in the declined group and 75 in the monitored group. There were no significant differences in baseline characteristics or outcomes. Two-thirds in both groups were women. Obesity was present in 25% and 35%, asthma in 16% and 20%, and mental health disorders in 21% and 27%, respectively. Over the 12 months subsequent to referral, antiarrhythmics were initiated in 8.6% and 11%. Re-referral rates were 14% and 19%. Hospital admissions for documented arrhythmia occurred in 0.6% (n=2) and 5% (n=4).

**Conclusion:** Declining specialist review for benign palpitations appears safe, with few adverse outcomes. The lower arrhythmia-related admission rate in the declined group may reflect triagers accurately identifying low risk cases. Although this analysis does not identify specific triaging criteria, it suggests triagers can appropriately identify and decline benign palpitations. Further research should refine triaging criteria to optimise specialist referrals.