## **Chest Pain**

Chest pain is a symptom that provokes considerable anxiety. Patients are understandably concerned that their pains may be cardiac and lead to a heart attack.

There are many causes for chest pain that are less serious, but of course cardiac causes must first be excluded.

## Typical cardiac chest pain is:

- 1. located under the breastbone or at least some of the pain is situated in this area.
- 2. other features include provocation by exercise or stress
- 3. relief by rest or nitroglycerin

If all three features are present the patient is said to have typical angina. If two of the three features are present the patient is said to have atypical angina and if only one of the three features are present the patient is said to have non-anginal chest pain.

Angina pectoris is a symptom that occurs when blood supply to an area of the heart muscle doesn't meet its needs. Angina may be felt as heaviness below the breastbone which may spread to either arm, to the neck or the back. On occasion, angina can be an indigestion-like discomfort in the upper stomach or a burning or heartburn-like feeling below the breastbone. Sometimes lack of blood supply to the heart may be experienced as shortness of breath and in some patients the lack of blood supply to the heart may be entirely silent.

Angina may occur during physical activity, at rest or it may awaken you when you're asleep. Angina that becomes more frequent or severe, or that occurs at rest and lasts for longer periods of time, is of greater concern. This change in pattern of angina is known as UNSTABLE ANGINA and may be an early warning sign of a heart attack. When angina lasts for longer than 20 minutes, there is a risk that heart damage has occurred. If this occurs, you should call your doctor or have someone take you to the nearest hospital's Emergency Department.

## Other causes of chest pain include:

- \* dyspepsia or heartburn
- \* esophageal reflux or spasm
- \* referred pain from other internal organs such as the gallbladder, liver or spleen
- \* inflammation of the chest wall lining (pleurisy)
- \* inflammation of the sac around the heart (pericarditis)
- \* inflammation of the chest wall muscles, cartilage or ribs
- \* referred pain from pinched nerves or other spinal pathology
- \* anxiety

In all cases a potentially serious cardiac cause should first be excluded before a less serious diagnosis is made. For any persistent chest pain the patient is cautioned to seek appropriate medical attention.

For instruction on how to use nitroglycerin see Cardiac Medications - Nitroglycerin