General health state in patients with atypical chest pain

Mehdi Mousavi¹, Seid Abbas Mousavi², Reza Chaman³, Mahsa Akbarian⁴, Mostafa Raisi⁴
1- MD, Cardiologist, Shahroud University Of Medical Sciences, Assistant Professor, 2- MD, Psychiatrist, Shahroud University Of Medical Sciences, Assistant Professor 3- Center for Health Related Social and Behavioral Sciences Research, Shahroud University Of Medical Sciences. 4- Medical Student.

Abstract:

Introduction: It has been reported that atypical chest pain could have some relationship with panic disorders, anxiety and some other psychological problems. The present case control study is performed to evaluate general health state of patients with atypical chest pain and to study the most usual accompanying symptoms.

Methods: Patients with less than 35 years old were included in the study. Patients with atypical chest pain were included as chest pain group if the probability of ischemic heart disease was low according to ACC/AHA guideline or they had negative stress tests. Control group were age and sex matched. General health questionnaire 28 (GHQ-28) were given to both groups and other data were gathered through interview.

Results: Seventy patients with chest pain and 70 controls were included. Mean age of study group was 24.9 ± 6.4 years and 87.1% were female and 73.8% lived in the cities. There were no significant difference in history of diabetes mellitus, cigarette smoking, hyperlipidemia, drug consumption, family history, intake of coffee. Frequency of point chest pain was 33.8%, very short chest pain 58.8%, permanent chest pain 11.8%, chest tenderness 7.35%, pleuretic chest pain 17.65%, and radiation of chest pain to epigastr was 5.88%. Mean scores of GHQ-28 was 30.7 ± 14.5 in chest pain group and 23.6 ± 12.2 in control group (P=0.002). Palpitation and dyspnea were more prevalent in chest pain group (63.24% palpitation in chest pain group VS 24.64% in controls and 57.35% dyspnea in chest pain group VS 15.94% in controls), but desire for deep breath and difficulty in deep breath was not significantly different.

Conclusion: The results of the present study confirms that patient with atypical chest pain have worse general health state. It is not clear that worse general health state is a reason of atypical chest pain or an incidental concomitant finding. Also the present study showed that palpitation and dyspnea may coexist with atypical chest pain. Whether these findings are due to more prevalent psychological problems in the patient with chest pain or not needs to be studied in future.

Keywords: General health state, atypical chest pain, dyspnea, Shahroud.