



TO YOUR HEALTH



Carleton-Willard Village Out-Patient Clinic - 100 Old Billerica Rd., Bedford, MA

Volume 19, Number 3

March 2014

CHEST PAIN: WHEN IT'S SERIOUS

by Barbara Chenoweth, NP

Of all the possible things that can go wrong with our health, chest pain can signal everything from the mildest heart burn to a serious heart attack. How can we know if our chest pain is serious? When should we seek medical attention? When, if ever, is it okay to self-treat?

Chest pain comes in a variety of different forms ranging from dull aches to sharp, knife-like pains. Sometimes the pain is mild, other times it is excruciating. Some chest pain can be very focused or localized while other chest pain spreads throughout the chest and may travel into the neck, shoulder or down the arm. Chest pain may accompany exertion or it may be present regardless of a person's activity.

One of the most serious types of chest pain is caused by a heart attack. Often heart-related chest pain feels like a squeezing, tight sensation. Or it can feel like a pressure or constriction in the chest. Women often experience a burning sensation, a less common type of chest pain. Or they may not feel any chest pain.

Women and approximately 50% of elders are more likely to experience fatigue,

shortness of breath with exertion, nausea, poor appetite or loss of consciousness than chest pain. Chest pain associated with a heart attack often occurs after exertion, lasts more than a few minutes, goes away and then comes back. It may be present for several days. It is not uncommon after a heart attack for a person to reflect back on a history of "not feeling well" for a few days prior to the attack.

Classically, a heart attack presents with a heavy pressure, fullness or tightness of the chest that can radiate into the jaw, teeth, neck, shoulder and down the arm, especially the left arm. It may be accompanied by nausea, sweating, weakness, dizziness and/or shortness of breath (www.mayoclinic.org).

It is very difficult to distinguish chest pain that is due to a heart problem from other types of chest pain, it is always important to have a medical evaluation when a person has new or unexplained chest pain or suspects a heart attack. Unfortunately, this means a trip to a hospital Emergency Department where the necessary tests can be done quickly. If a heart attack is diagnosed, treatment can be promptly instituted. Successful treatment, often minimally invasive, can be life-saving.





Yet not all chest pain comes from a heart attack. While a heart attack results in damage to the heart muscle, chest pain produced by angina occurs when the oxygen supply to the heart is restricted. People with angina recognize their pain and treat it with nitroglycerin. This under-the-tongue medicine causes the blood vessels to the heart to expand, allowing more oxygen to be delivered to the heart and relieving the pain. When several consecutive doses of nitroglycerin do not relieve the chest pain, then a medical evaluation is needed.

Chest pain can also be caused by disorders of the digestive system. In fact, distinguishing chest pain related to the heart from chest pain associated with digestive conditions is often impossible without a medical evaluation. Heartburn caused by gastroesophageal reflux disease (GERD) can mimic heart-related chest pain. So can swallowing disorders of the esophagus that can cause painful swallowing. Gallstones and inflammation of the gallbladder or pancreas can cause abdominal pain that radiates to the chest.

Since the lungs live next door to the heart in our bodies, many lung conditions can produce chest pain. Chest pain can be caused by a blood clot to the lungs. Or when the membranes covering the lungs become inflamed, as with Pleurisy, chest pain increases with coughing or inhaling. High blood pressure in the arteries carrying blood to the lungs, called Pulmonary Hypertension, can also cause chest pain.

Less serious conditions of the muscles

and bones can cause pain in the chest. Bruised or broken ribs can be very painful. Costochondritis, inflammation of the cartilage of the rib cage, causes soreness and pain between the ribs. Sore muscles can cause pain throughout the chest wall. Even these conditions can present a diagnostic dilemma as clinicians try to be sure that the pain is not from a cardiac origin.

Finally, even stress, in the form of panic attacks, can cause chest pain, rapid heart rate and rapid breathing. Panic attacks are usually accompanied by feelings of fear and apprehension. Nonetheless, people who experience panic attacks often seek Emergency Department help because they feel that they are experiencing a heart attack.

Chest pain is one of the most complicated symptoms that a person can experience. Unless the cause of the chest pain is truly known, it requires a medical evaluation. The assessment almost always opens the door to effective treatment and can improve one's quality of life, even save one's life. Chest pain should never be ignored!

HEALTH EDUCATION LECTURE

March 12, 2014

10:30 am —11:30 am

Center Auditorium

On March 12, Barbara Chenoweth, NP will give a health education talk on "Cancer Survivorship." Join the discussion on a topic that affects just about everyone.

