

Study examines course and treatment of unexplained chest pain

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Fewer than half of individuals who have "non-specific" chest pain (not explained by a well-known condition) experience relief from symptoms following standard medical care, according to a report in the February 8 issue of *Archives of Internal Medicine*. In addition, one-tenth of those with persistent chest pain undergo potentially unnecessary diagnostic testing.

More than half of patients with chest pain are classified as not having an underlying heart condition, according to background information in the article. Some have another well-established medical condition, such as upper [respiratory tract infection](#), but for many no pathophysiologic cause can be found. Such non-specific chest pain "is a frequent phenomenon in primary care," the authors write. "However, knowledge about the course and outcome of this condition is sparse."

Julia Anna Glombiewski, Ph.D., of Philipps-University of Marburg, Germany, and colleagues studied 807 patients (average age 57.6 years) with non-specific chest pain who visited 74 German primary care offices in 2005 and 2006. The clinicians recorded their preliminary diagnoses, along with any investigations and treatments related to their patients' chest pain. Patients were contacted by phone six weeks and then six months after the initial consultation.

Among the 755 study patients who provided data at the six-month follow-up, 419 (55.5 percent) still had chest pain. In addition, 45 (10.7 percent) of those were categorized as using health care in an inappropriate

manner, defined as two or more visits to a cardiologist or three or more cardiac diagnostic evaluations—including angiograms and electrocardiograms—within six months. This compared with 24 (7.1 percent) of 336 patients with remitted chest pain.

Only six patients, less than 2 percent, were referred to mental health specialists for ongoing chest pain. "This finding is surprising because psychological factors are known to contribute to the development of chronic pain, and psychological consultations are covered by the health care system in Germany," the authors write. "Patients with psychologically caused non-specific chest pain showed more problematic health care-seeking behavior but were rarely referred to mental health professionals. Patients, general practitioners or both seem to be hesitant to involve psychological interventions."

The findings help explain the high prevalence of chest pain in the general population, the authors conclude. "Future research should investigate the development of effective interventions for non-specific [chest pain](#) and their implementation within health care systems."

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