

Chest pain reports down among older Americans and whites, but not blacks

May 20 2014

The percentage of people reporting angina or chest pain dropped in the last two decades among Americans 65 and older and whites 40 and older—but not among blacks, according to a study in the American Heart Association journal *Circulation: Cardiovascular Quality and Outcomes*.

Angina is <u>chest pain</u> or discomfort that occurs when the heart isn't getting enough oxygen-rich blood. Symptoms include squeezing in the chest; discomfort in the shoulder, arms, neck, jaw or back; and a feeling of indigestion. It's usually a symptom of an underlying <u>heart problem</u> or <u>coronary heart disease</u>.

"People often don't know that they have heart disease until it's too late," said Julie C. Will, Ph.D., M.P.H., lead author of the study and a senior epidemiologist at the U.S. Centers for Disease Control and Prevention in Atlanta, Ga. "Angina serves as a warning to both the patient and the doctor that a person may have underlying <u>heart disease</u>."

Researchers analyzed national health survey data starting in 1988 to find how many patients said a health worker had told them they have the condition and how many people report <u>angina</u> symptoms.

They found:

• The rates for whites 40 and older reporting a history of angina dropped by about one-third, from the 2001-04 survey to the



2009-12 survey.

- The rates for whites 40 and older reporting angina symptoms declined by half from the 1988-94 survey to 2009-12 survey.
- For blacks, the rates were essentially unchanged.
- The rates for American women 65 and older reporting a history of angina dropped nearly in half from the 2001-04 survey to the 2009-12 survey.
- The rates for women 65 and older reporting angina symptoms declined by almost 60 percent from the 1988-94 survey to 2009-12 survey; whereas, the rates for men in this age group declined by more than 40 percent during this same time period.

The data is consistent with previous research showing a decline in the rates of hospitalizations and emergency department visits for angina in 1995-2010.

More effective interventions for preventing and controlling <u>high blood</u> <u>pressure</u>, diabetes and smoking cessation may be needed among blacks, Will said.

The national data included too few Hispanics and other minorities to reveal angina trends among those groups.

Limitations of the study include the possibility that angina may be more often underdiagnosed in some groups, and the fact that angina rates relied on patients' own reports, which could be inaccurate.

Provided by American Heart Association

Citation: Chest pain reports down among older Americans and whites, but not blacks (2014, May 20) retrieved 18 April 2024 from <u>https://medicalxpress.com/news/2014-05-chest-pain-older-americans-whites.html</u>



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