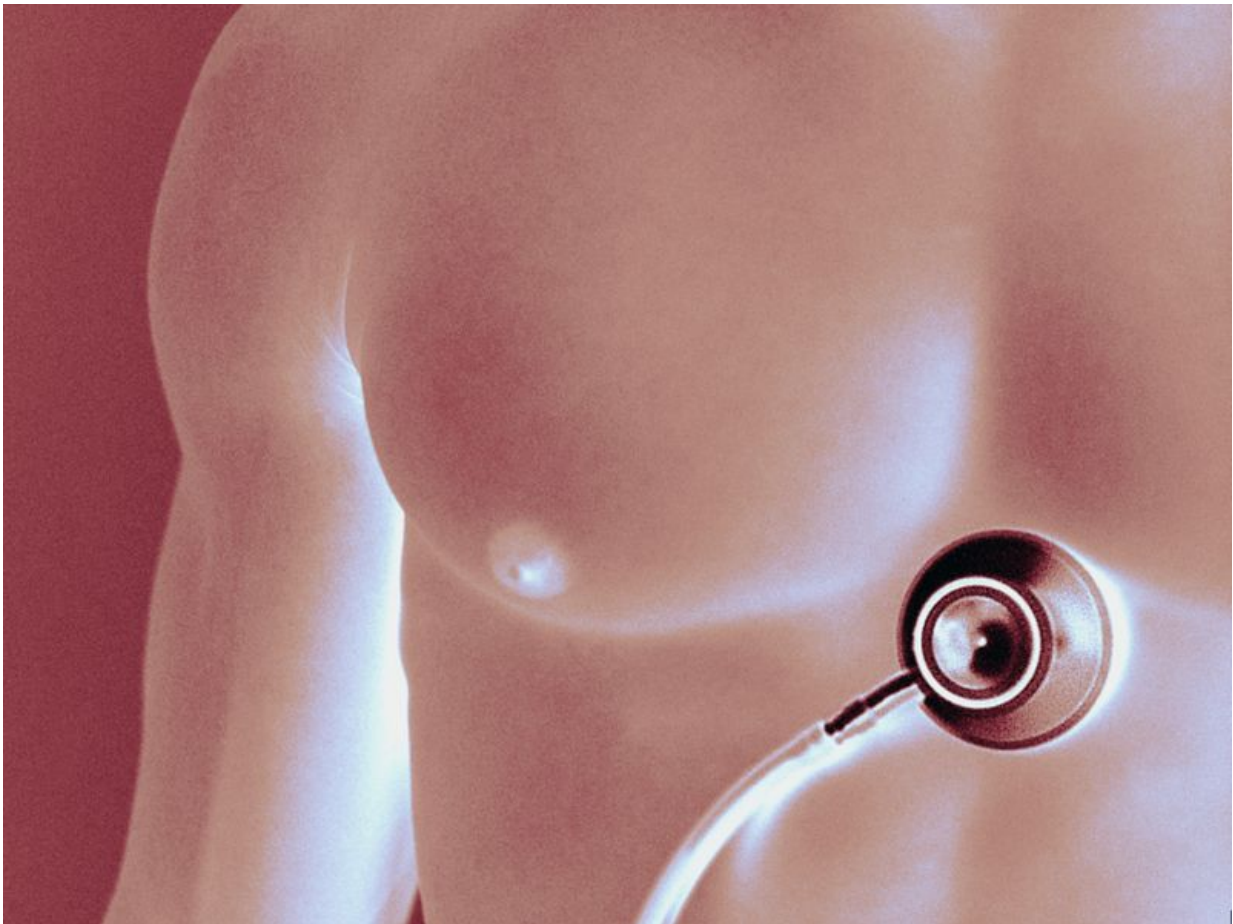


Review addresses chest pain in young adults presenting to ER

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(HealthDay)—For young adults presenting to the emergency department

with acute chest pain, after ruling out cardiac risk, physicians should focus on stress reaction, according to a review published in the March issue of the *Journal of Emergency Nursing*.

Kathryn Lynn Miley, D.N.P., from St. Elizabeth and EmCare in Lafayette, Ind., reviewed the literature to assist providers in differentiating between young adults with cardiac-related [acute chest pain](#) and a stress reaction.

Miley notes that emergency providers need to determine the [cardiac risk factors](#) present when [young adults](#) arrive at the emergency department with chest pain; these factors should be considered when formulating the differential diagnosis. High cardiac risk factors include drug use, stimulant use, and family history, all of which will affect the plan of care and treatment. Age and sex are also relevant risk factors, as are medication use, diabetes, and behaviors such as smoking, poor diet, poor sleep pattern, physical inactivity, and increased stressors. Knowing the characteristics of pain should help to guide diagnosis, with specific features suggestive of a cause. For patients without cardiac risk factors, other physiological causes should be assessed such as stress reaction.

"In patients at low cardiac risk, clinicians should identify the typical presentation of anxiety, or a [stress reaction](#), and administer appropriate treatment for the patients' symptoms," Miley writes.

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