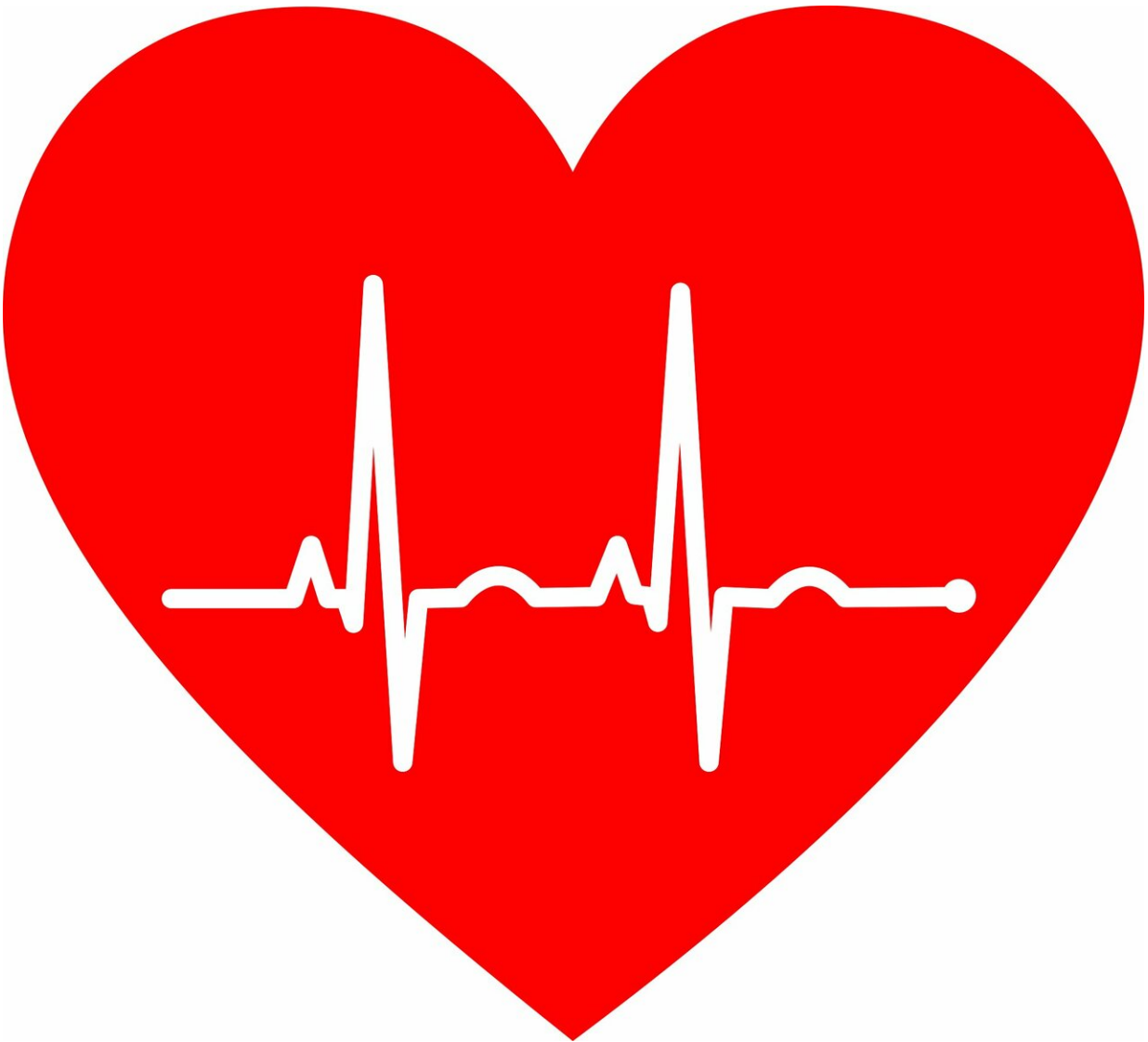


Don't ignore heart attack symptoms, especially while traveling

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Don't ignore heart attack symptoms while travelling, keep emergency numbers at hand. That's the main message of a study presented today at Acute Cardiovascular Care 2019 a European Society of Cardiology (ESC) congress. Cardiovascular disease is the leading cause of natural death among people who are travelling, yet, so far, the long-term outlook for those who have a heart attack while on a trip is unknown.

"If you are travelling and experience [heart](#) attack symptoms such as pain in the chest, throat, neck, back, stomach or shoulders that lasts for more than 15 minutes, call an ambulance without delay," said study author Dr. Ryota Nishio, of the Department of Cardiology, Juntendo University Shizuoka Hospital, Izunokuni, Japan.

This observational study included 2,564 patients who had a heart attack and rapid treatment with a stent (percutaneous coronary intervention; PCI) between 1999 and 2015 at Juntendo University Shizuoka Hospital. The hospital is on the Izu peninsula, a popular tourist destination near Mount Fuji, and is the regional centre for PCI.

The researchers compared the demographic and clinical characteristics in residents versus people travelling. Patients were followed up for 16 years and the [death rates](#) were compared between groups. Mortality data were collected from [medical records](#), telephone contact, and postal questionnaires.

A total of 192 patients (7.5%) were travelling at the onset of the heart attack. Patients who were travelling were younger and had a higher prevalence of ST-elevation myocardial infarction (STEMI), a serious type of heart attack in which a major artery supplying blood to the heart is blocked.

The median follow-up period was 5.3 years. Locals had a significantly higher rate of all-cause death (25.4%) compared to non-residents

(16.7%; $p = 0.0015$) but the rate of death from cardiac causes was comparable between groups.

Heart attacks during a trip were associated with a 42% lower risk of long-term all-cause death than those that occurred in residents, after adjusting for age, sex, hypertension, diabetes, dyslipidaemia, chronic kidney disease, current smoking, prior heart attack, Killip class, and STEMI (adjusted hazard ratio 0.58; 95% confidence interval 0.38-0.83; $p = 0.0020$).

"Our study shows that long-term outcomes after a heart attack while travelling can be good if you get prompt treatment," said Dr. Nishio. "It is important that, when you are over the immediate emergency phase, and return home, you see your doctor to find out how you can reduce your risk of a second event by improving your lifestyle and potentially taking preventive medication."

He continued "We also found that overall, patients were more likely to die during follow-up if they were older, had prior heart attack, or had chronic kidney disease. If you fall into any of these groups or have other risk factors like [high blood pressure](#), smoking or obesity, it is particularly important to make sure you know the emergency number at home and at any travel destination."

Dr. Nishio noted that local patients had a higher rate of non-cardiac death, mainly due to cancer. "This may be because most non-residents were from [urban areas](#) where people tend to be more health conscious, actively seek medical advice, and have a greater choice of treatment than in remote areas like the Izu peninsula," he said. "In addition, having a [heart attack](#) while away from home is a traumatic event that may create a lasting impression and greater health awareness when [patients](#) return home."

More information: The abstract 'Clinical characteristics and long-term outcomes in patients with acute coronary syndrome during the trip' will be presented during Poster Session 1: Acute Coronary Syndromes - Epidemiology, Prognosis, Outcome on Saturday 2 March at 09:00 to 17:30 CET in the Poster Area.

Provided by European Society of Cardiology

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