Introduction

Chest pain must never be ignored. Sometimes it is caused by a heart attack. If chest pain is severe, you must act as if it is caused by a heart attack until you know otherwise. This will require the help of your doctor.

Bear in mind, however, that determining the precise origin of chest pain is often difficult for the doctor. There are many possible causes other than the heart.

The doctor decides whether or not your heart is the cause of your chest pain by a process that eliminates other causes. The first step in this process is to get answers to the questions that matter.

• When did the pain begin?
• Where is the pain?
• Are you short of breath?

If your medical history is not known to the doctor, other questions will establish whether you are at risk of having a heart attack because of high blood pressure, smoking, family history and high blood cholesterol levels. Then the doctor goes through the second step, the differential diagnosis.

The Differential Diagnosis of Chest Pain

Be aware that there are no absolute rules that establish the diagnosis for the doctor but the following pain patterns are the ones often used.

• Pain caused by activity, but relieved with rest or by a nitroglycerin pill under the tongue suggests angina pain from the heart.
• Pain that gets worse when you breathe deeply or cough, suggests inflammation of the heart lining (pericarditis) or inflammation of the lung lining (pleurisy).
• Sharp, shooting chest pain that lasts a second or two is common in healthy young people and mean nothing. A suggestion of a “catch” at the end of a deep breath is also trivial and doesn’t need attention.
• Chest pain from the muscles, ribs, ligaments, rib cartilages, and the nerve between the ribs can produce chest pain. The pain may be sharp, aching, or dull. It is usually aggravated when you move, cough, take a deep breath, or press on it with your finger. Pain with pressure is a good indication that the pain isn’t coming from the heart or the lungs.
• A blood clot to the lungs can produce chest pain, but shortness of breath is more often the symptom that is worse.
• Chest pain from the digestive organs can mimic a heart attack. This is particularly true of spasms of the esophagus and of gall bladder pain. Peptic ulcers rarely cause chest pain. Pain in the left lower chest can be caused by a bubble of gas in the bowel or stomach pressing on the diaphragm muscle.

Hyperventilation Syndrome

Unrecognized anxiety causes young adults to be concerned about their breathing. They get tense and feel unable to breathe deeply and their chests hurt. They breathe faster and deeper, causing the level of carbon dioxide in the blood to fall. The lower level of carbon dioxide creates numbness and tingling of the hands, feet and mouth as well as marked dizziness. They fear they are having a heart attack or nervous breakdown. Neither is true.

The hyperventilation attack can be relieved by a small paper bag held loosely over the nose and mouth for 5 to 15 minutes.

Caution: Hyperventilation is also a normal response to severe pain. When in doubt, take a person who is hyperventilating to be checked rather than overlooking a potentially serious problem.

Angina Pectoris

Angina Pectoris is the most important cause of heart pain. It typically occurs when you exert yourself, eat a large meal, are emotionally upset, or are having sexual intercourse. Angina occurs frequently after age 40 in men and age 50 in women.

Persons with angina pain sometimes call the discomfort a squeezing or pressure feeling. Sharp pain is not usually described. The pain may occur in the jaw, neck, shoulder, arm, back, or upper abdomen. Sometimes the pain is located in one of these areas without the chest hurting.

Mild angina pain usually improves if the person rests and uses a nitroglycerin tablet under the tongue, stopping the attack within 2 to 20 minutes. If the pain
Awaken the Miracles Within You

The Miracle Of God’s Work

In business and in our personal lives we sometimes start a great-looking project only to have it fizzle when we are ready for the final push. Before the last step or two, the door closes. Sometimes this happens over and over. What’s going on?

You might remember the old proverb, “There’s many a slip ‘twixt the cup and the lip.”

Nobody likes failure. Still, it need not be negative. You can learn something from it. And, what we learn can be the key to succeeding with the next project.

Another thing, enlist God’s help. Say: “I belong to God. My work is God’s work, for God works through me. God’s work can’t be slowed down or blocked. And God always finishes what He begins.”

The recommendations and information in this handout are appropriate in most cases. However, for specific information concerning your personal medical condition, please, consult your doctor.

lasts longer or the person is also weak and sweaty it suggests that a heart attack is in progress. You cannot afford to be casual about chest pain when this is the case. Call the emergency medical service or get the person in a car for an immediate trip to a hospital emergency department. If you go by car have someone call the emergency department to alert them that you are on the way.

Other Forms of Angina (atypical)

• Angina during the night (nocturnal angina) occurs because the act of lying down causes blood to shift from the legs, causing an overload strain on the heart.
• Angina during rest can occur because of spasm in the arteries to the heart (variant angina). Persons with variant angina can also have angina when they are active.
• Angina can occur with mitral valve prolapse, a condition where the mitral heart valve is abnormal. Most persons with mitral valve prolapse are young women and their symptoms usually are not like angina.
• Angina-like chest pain may occur after bypass surgery. Sometimes it is from a blockage of the grafted vessel. Or it may be caused by inflammation of the wall of the heart.

Psychogenic Chest Pain ______

Persons with anxiety, depression, and cardiac neurosis will commonly describe a heaviness or tightness in the chest that lasts for hours to days. They also may feel unable to take a deep breath.

If hyperventilation is also present, the person will have tingling of the hands and mouth and feel lightheaded. Persons with a cardiac neurosis sincerely believe they have heart disease and their descriptions of angina pain are difficult to distinguish from genuine angina.

Recognizing the Heart Attack ___

If you experience any of the feelings described below for more than 10 minutes, get to the nearest hospital immediately.

• A pain in the center of your chest. It may be anything from a mild feeling of tightness to an agonizing, crushing sensation accompanied by the feeling you’re about to die. Usually, it’s a heavy, squeezing pain behind the breast plate (sternum). The pain may come on suddenly or gradually. It will, however, be continuous. It may spread to your shoulder, arms, jaw, neck, teeth, or stomach.
• There may also be shortness of breath, dizziness, sweating, faintness, nausea, chills, or a feeling of severe indigestion.
• Less frequent symptoms include a feeling of pain in an area other than the chest: in the jaw, teeth, neck, upper back, right or left arm. There may also be loss of consciousness or a burning sensation isolated in the chest.
• “No pain” heart attacks which are marked by shortness of breath may occur in person with diabetes or in those over age 65.

Summary ________________

Most persons who experience severe chest pains assume they’re having a heart attack. Yet, too often they delay until a catastrophe occurs.

Prompt attention is crucial and it always involves a doctor. The doctor must direct the immediate treatment as well as set in motion the process of differentiating heart pain from other pain.

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