

Chest pain

What is chest pain?

Chest pain is any pain that is felt in the chest. Chest pain may come from many parts of the chest including:

- The heart
- The lungs
- The oesophagus (food pipe)
- Muscles
- Skin
- Bones – including your ribs and sternum (breastbone)
- The abdomen (stomach) – the pain is felt as being in the chest due to a complex network of nerves

All chest pain is considered to be heart-related until proven otherwise.

What causes chest pain?

There are several common causes of chest pain. Some include:

- **Indigestion or reflux** (stomach acid coming up the oesophagus), which can feel like a burning pain in the chest. This common problem can be made worse by smoking, alcohol, coffee, fatty foods and some medications. It often goes away quickly with antacid medication or milk.
- **Muscle strains and inflammation** in the spaces between the ribs, near the breastbone (costochondritis)
- **Shingles** (herpes zoster) can cause chest pain before a skin rash develops
- **Chest infections** such as pleurisy (inflammation of the tissue lining the lungs), bronchitis and pneumonia
- **Pulmonary embolism** – a blood clot in the lung
- **Angina** is caused by poor blood flow to the heart. It usually occurs when the heart has to work harder than usual. Many people with coronary artery disease (or blocked heart blood vessels) experience angina. This often happens with exercise, high emotion or distress, cold weather or after eating a large meal. The pain is short-lived and eases when you rest. If pain does not go away with rest, this may indicate a heart attack.
- **Heart attack** chest pain can also be due to a sudden blockage of a coronary (heart) artery

What should you do if you have chest pain?

Many Australians die of a heart attack because they do not know the signs or wait too long to seek help.

Chest pain that lasts more than 10 minutes (at rest) needs to be promptly investigated by a doctor.

If this happens phone triple zero (000) and ask for an ambulance.

New treatments for heart attack can save lives and prevent serious heart damage. Most need to be given early to be effective, making it even more important to seek help early.

Treatment

Before treatment can begin, the cause of the pain must be found. There is a range of tests and treatments you may need while in the emergency department:

- An **ECG** (electrocardiogram) – a quick and painless test used to get a 'picture' of the electrical activity within the heart
- **Blood tests** to measure chemical markers from the heart and other organs
- A **chest x-ray** to look at the lungs, heart and major blood vessels in the chest
- Other **imaging studies** to look at structures in the chest, such as CT scans and angiograms (pictures of your blood vessels)
- **Medication** to relieve pain and dilate (widen) the blood vessels of the heart to allow the blood to flow more effectively. Some medications may be given intravenously (through a 'drip' inserted into a vein).

Tests help to determine the cause of the chest pain (or rule out a heart attack). Your doctor will let you know which tests are needed.

You may be referred for further tests as an outpatient or to a cardiologist (heart doctor) or another specialist depending on the cause of your chest pain.

Home care

In the first few days at home try to take it easy. Rest if you feel tired. Slowly increase your activity as you are able. If you feel well, there is no need to limit work or strenuous activity (including sex).

What to expect

It is not always easy to diagnose the cause of chest pain, however your doctor will have tried to rule out serious causes. If your symptoms return or worsen, you should seek an urgent review. In particular, if you experience further unexplained chest pain, return to the hospital emergency department, by ambulance if necessary. Do not drive yourself.

Your local doctor will also need to see you for a follow-up check, and further tests may be needed. Even if you are feeling well, make an appointment to follow up with your doctor in the next week.

Ways to reduce your risk of a heart attack

Your chance of having a heart attack is increased by smoking, lack of exercise, high blood pressure, obesity, high cholesterol, diabetes and a family history of heart disease.

The risk is higher in men and increases as you get older. It is important to remember that people without risk factors can also have heart disease.

There are several ways to reduce your risk of heart attack.

- **Stop smoking** – call Quitline for help and support
- **Exercise** – engage in moderate physical activity for 30 minutes or more, five days a week. A brisk walk is a good way to start.
- **Eat a diet low in fat** – including fish, cereals, grains, fruit and vegetables. Look for the Heart Foundation tick when choosing foods or discuss your eating with a dietician.
- **Maintain a healthy weight** – see your local doctor or a dietician for advice
- **Regular check-ups** with your local doctor. Take all prescribed medications as directed. Do not stop your medication unless advised by your doctor.

What are the symptoms of a heart attack?

- Pain in the centre of your chest or behind the breastbone – it may be crushing, burning, squeezing or like heavy pressure on the chest
- Pain may spread to the shoulders and arms, hand, neck, throat and jaw
- Sweating and being pale in colour

- Feeling anxious, dizzy or unwell
- A sick feeling in the stomach (nausea or vomiting)
- Being short of breath

Symptoms vary from person to person. Some people have few symptoms or none at all.

If you develop these symptoms, call an ambulance - dial triple zero (000). Do not drive yourself to hospital. Then:

- Stop and rest quietly by sitting or lying down
- Have half an aspirin straight away (unless your doctor has told you to avoid them)
- Wait for an ambulance – it has specialised staff and equipment that may save your life

With a heart attack, every minute counts. Do not wait. The faster a person gets treatment, the better.

If you have any doubt about your chest pain, call an ambulance.

Seeking help

Cabrini Emergency Department (ED) is staffed by experienced emergency doctors and nurses 24 hours a day, 7 days per week. If you have any questions about your ED treatment our qualified ED staff can be contacted on **(03) 9508 1500** at any time. If you need to return to Cabrini ED for ongoing care we would be glad to take care of you again and if this occurs within a week of your initial consultation the doctor's fee will be bulk-billed.

You can also expect to receive a phone call or SMS message from one of our emergency nurses the day after you have been discharged. The nurse will be able to clarify any aspect of your diagnosis, treatment, or follow-up.

In a medical emergency return to Cabrini ED if it is safe to do so or go to the nearest hospital emergency department or call an ambulance – dial triple zero (000).

Want to know more?

- Contact Cabrini ED on **(03) 9508 1500**
- Ask your local doctor or healthcare professional
- Visit the Better Health Channel at www.betterhealth.vic.gov.au
- Contact the National Heart Foundation on 1300 36 27 87 or www.heartfoundation.com.au
- Contact Quit for help to stop smoking on 137 848