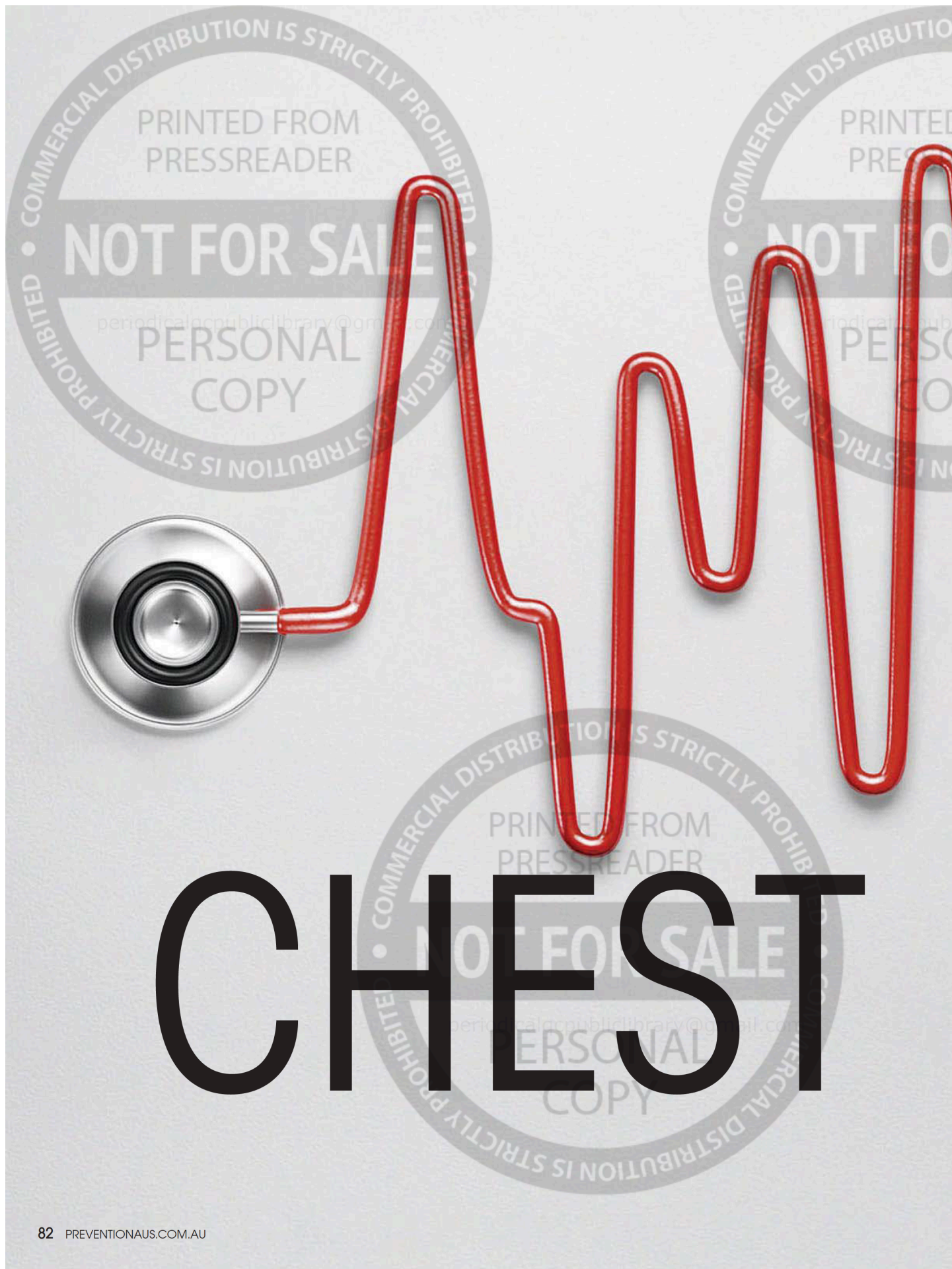


- Heart



CHEST PAIN CULPRITS

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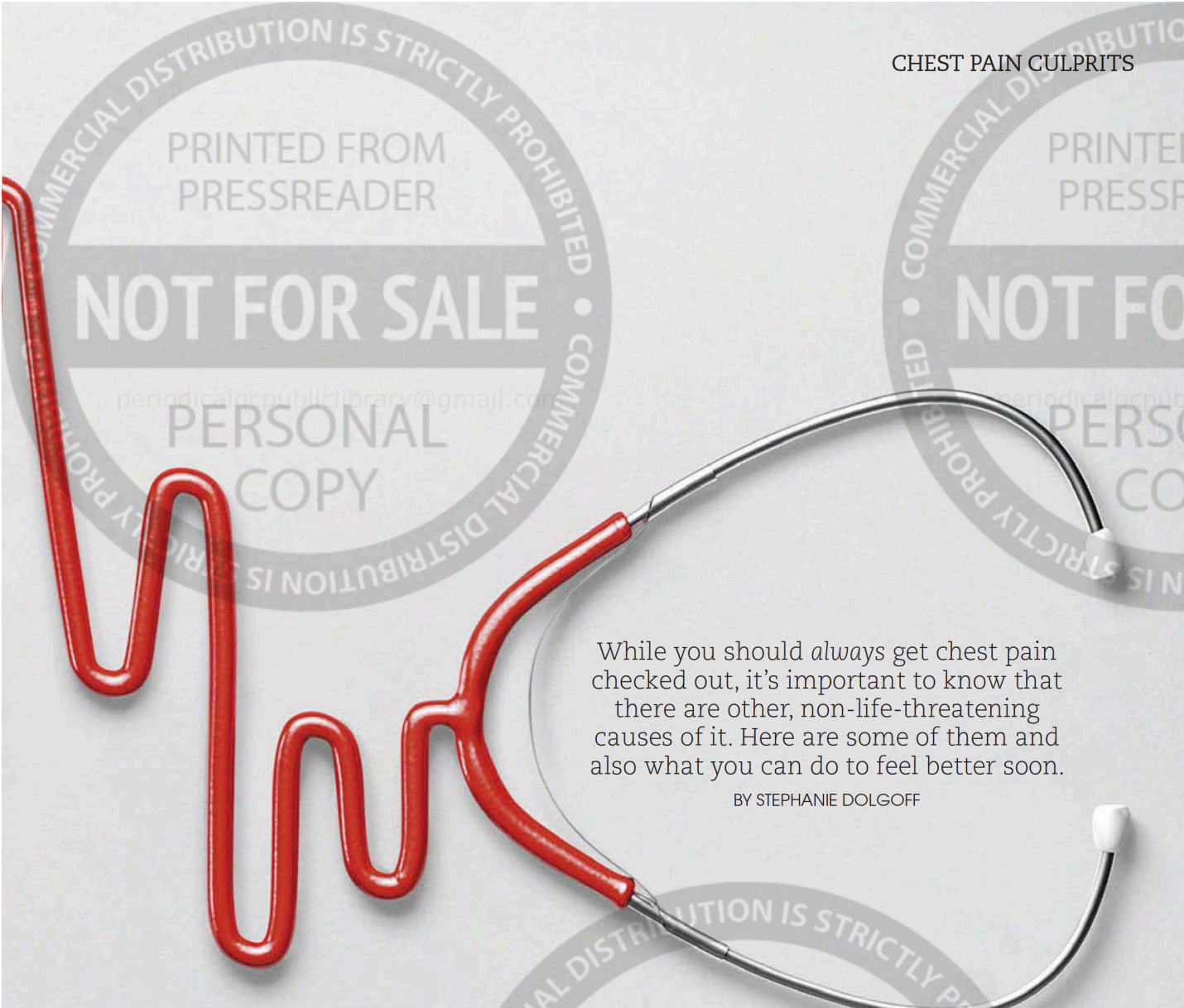
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While you should *always* get chest pain checked out, it's important to know that there are other, non-life-threatening causes of it. Here are some of them and also what you can do to feel better soon.

BY STEPHANIE DOLGOFF

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# PAIN:

*Just a heart issue?*

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**T**here it is: that discomfort in your chest. It's probably from the pizza you just inhaled. Still, at this moment, it's not a giant leap from 'pass the Quick-Eze' to 'Oh, no, could it be my heart?'

Well, yeah, it could, and you absolutely need to rule that out. Here's why it's hard to tell. "Many of the nerves in the chest are shared by the organs there: the skin in the front and back of the chest, the bones, the muscles, the oesophagus and the lungs," explains cardiologist Dr Karol Watson. "You can't know just by a pain in your chest what it is, which is why you want to rule out the things that'll kill you."

If that sounds overly alarmist, it's not. While chest pain usually doesn't indicate a heart condition (one study found that only 10 to 15 per cent of people who visited their doctors complaining of chest pain had an actual heart issue), most people who are having a heart attack do experience some pain, discomfort or tightness in the chest. Because a heart problem may be immediately life-threatening, it needs to be crossed off the list.

## > RULING OUT YOUR HEART

"A rule of thumb is, with any symptom from the nose to the navel that comes on with exertion and goes away with rest, you have to think about your heart," says Dr Watson. The weird feeling might be something like reflux, but "honestly, you cannot tell the difference sometimes", she says. One indication that the pain could have to do with your heart is how long it lasts – if mere seconds, it's probably something else. But if it "comes on over minutes, lasts minutes and goes away over minutes", you want to take it very seriously, warns Dr Watson.

Heart disease, of which there are many types, is the top killer of both women and men in Australia, accounting for about one in five of all deaths. One kind of chest pain, angina, happens when the heart isn't getting enough blood; it's a symptom of coronary artery disease. That's why it's important to get anything abnormal checked out. But the rules are different if you've already been diagnosed with heart disease, says Dr Watson. "What you're looking for then is a change in the pattern." Chest pain can feel like tightness, fullness, squeezing or nausea and can be different for different people. "The good news is that it's pretty stereotypical for each person – whatever your heart pain felt like the first time, it'll usually feel the same," she explains. "The intensity may be different, but the quality is the same."

## WHAT TO DO ABOUT IT

**If you feel any type of chest pain or discomfort, especially if you also feel it in your jaw, neck or throat or in your back or upper abdomen, and/or you have fatigue, vomiting or nausea, dial 000 or get to an emergency department. Even if you're unsure, still seek medical help.**

## CHEST PAIN CULPRITS

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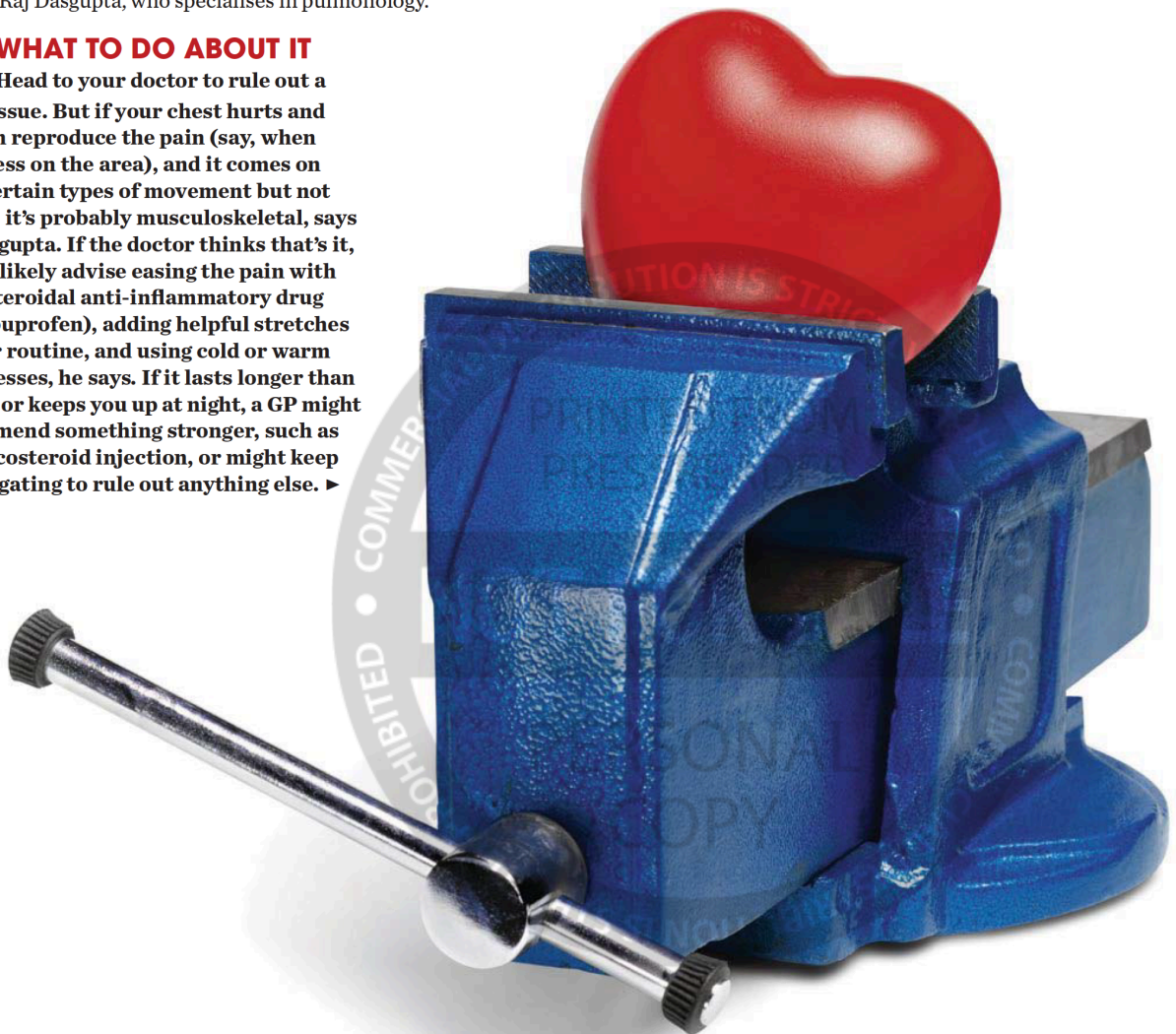
### Heart fine? Then the following four issues could be the culprit.

#### > IT'S MUSCULOSKELETAL

When someone goes into the emergency department with chest pain, it turns out to be a musculoskeletal issue in the chest about 50 per cent of the time. You may have tweaked a muscle or nerve when you scooped up a heavy child, inflamed the cartilage in your chest wall or maybe even bruised a rib. You might never figure out what caused the pain, but, still, it usually goes away on its own after a few days or weeks. One common thing that causes musculoskeletal chest pain is costochondritis, an inflammation of the cartilage that connects the rib to the breastbone, which can happen after strenuous exercise or trauma to the area. "It's relatively benign," says Dr Raj Dasgupta, who specialises in pulmonology.

#### WHAT TO DO ABOUT IT

Head to your doctor to rule out a heart issue. But if your chest hurts and you can reproduce the pain (say, when you press on the area), and it comes on with certain types of movement but not others, it's probably musculoskeletal, says Dr Dasgupta. If the doctor thinks that's it, they'll likely advise easing the pain with a nonsteroidal anti-inflammatory drug (like ibuprofen), adding helpful stretches to your routine, and using cold or warm compresses, he says. If it lasts longer than a week or keeps you up at night, a GP might recommend something stronger, such as a corticosteroid injection, or might keep investigating to rule out anything else. ▶



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#### > IT'S GASTROINTESTINAL

This is where heartburn comes in, but again, it's confusing, because one symptom of a 'silent' heart attack, especially in women, could be nausea or indigestion. Still, about 20 per cent of the time, chest pain has something to do with the oesophagus, the muscular tube that hooks up your stomach to your throat, says gastroenterologist Dr Scott Gabbard.

You might feel a painful burning or pressure at any point along that area.

One cause is acid reflux, which happens when the little valve at the base of the oesophagus opens when it's not supposed to, and food (along with stomach acid) sloshes its way up. "Acid itself is not the problem," says Dr Gabbard, as it breaks down your food in your stomach. However, it's supposed to stay put, not travel up into the oesophagus.

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### > IT'S ANXIETY

About a quarter of people who show up in the emergency department with chest pain have a panic disorder, but they're almost never diagnosed, says psychologist Dr Reid Wilson. That is, in part, because a good practitioner needs to rule out a physical cause, and they don't want to start off the exam by suggesting that the pain is "in your head", which might be seen as dismissive, he says.

The truth is, even if there's no physical condition doctors can point to that's causing the chest to hurt, the pain is very real – psychogenic chest pain is associated with panic disorder (which can include panic attacks), a phobia or illness-related anxiety disorder (what used to be called hypochondria), says Dr Wilson.

Here's how anxiety can feel like physical pain: If you've ever had severe anxiety or panic, you know that your breathing becomes shallow, your heart rate goes up and you may sweat. Over time, if you live with a lot of anxiety, "there's continued tension, and there can be some changes in blood flow; then that can lead to secretion of substances that are pain-inducing," explains Dr Wilson. The pain itself may feel scary, which in turn ramps up anxiety about it. "You can get into a vicious cycle physiologically."

And the very thought of heart disease isn't exactly calming. Some people – especially those who have had angina – might have an 'anxiety sensitivity' in the chest area. This means that when they feel anxious or stressed, they focus on the chest area, which ups the fear that they're having a heart event, which then increases the anxiety even more.



### WHAT TO DO ABOUT IT

Once physical causes of the pain are ruled out through testing, a lot of feeling better is trusting that anxiety is, in fact, the cause – and then being treated for it. Many patients, convinced there is something physically wrong, bounce from doctor to doctor, and when no one finds anything, they become even more anxious. "They think, 'Why would I treat this as a psychological issue and miss the moment when it's actually a heart attack?'" says Dr Wilson. Until you're willing to entertain the possibility that anxiety is behind your chest pain, "you're trapped," he adds.

But addressing the anxiety does help. Treatment involves gradual exposure to whatever triggers the chest pain. Let's say it first hit you as you were running on a treadmill. The therapist will have you walk on the treadmill, then go faster, so you learn that you can tolerate it without pain. As you start to feel less anxious about it, says Dr Wilson, the pain stays away and you can work your way back up to running confidently. A therapist can also teach you to consciously redirect your attention from pain, which will dial down the physical anxiety reaction and thus the pain. It takes practice, he says, but it works. **D**



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