Chest Pain Pathway

This pathway has been developed from published guidance, in collaboration with local cardiologists.

This guidance is to assist GPs in decision making and is not intended to replace clinical judgment.

NHS
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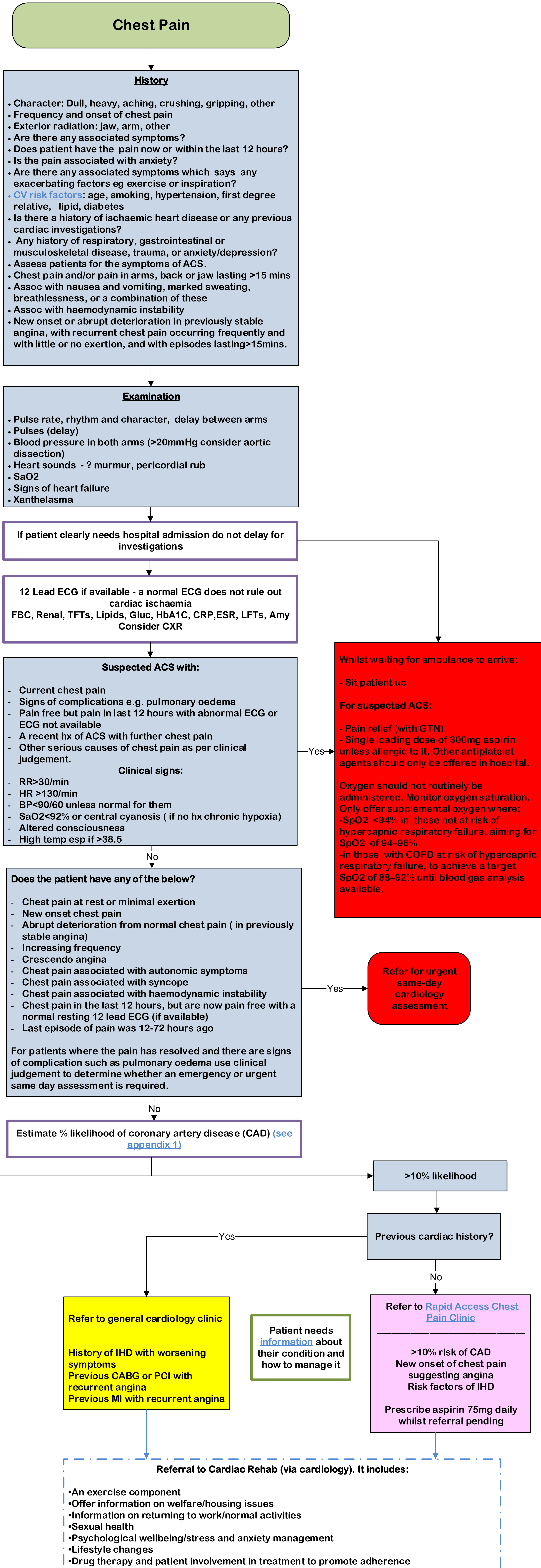

Other diagnoses to consider in patients with cardiac chest pain

Aortic stenosis - elderly, ejection systolic murmur, LVH on ECG, associated SOB, syncope
Hypertrophic cardiomyopathy - FH cardiomyopathy, sickle cell disease

Aortic dissection – severe chest pain radiating to back, unequal pulses or blood pressure in arms, associated murmur of AR, uncontrolled blood pressure

Arrhythmias - assoc palpitations, breathlessness, dizziness

Congestive cardiac failure - ankle swelling, tiredness, SOB, orthopnea, cough, inc JVP, gallop rhythm, inspiratory basal creps, occ wheeze.

Pericarditis/Cardiac tamponade - sharp pain relieved by sitting forward , may radiate, and be exacerbated by lying on left side, inspiration, cough, swallowing. May have fever, cough arthralgia and pericardial rub (best heard Left sternal edge in expiration). Cardiac tamponade may have SOB, cough , hoarseness, dysphagia and pulsus paradoxus, hypotension, muffled HS, jugular venous distension

Pulmonary Embolism - risk factors: smoking , OCP, long haul flight, recent surgery, malignancy

<10% likelihood

Manage in Primary Care

< 10 % risk of CAD
Normal ECG and no cardiac risk factors
Likely non-specific chest pain - accounts for 16% 1º care chest pain.
Musculoskeletal chest pain
Pleuritic chest pain – consider respiratory referral
Dyspetic/ upper GI - consider GI referral
Anxiety – measures to help, lifestyle modifications

Those holding HGV license may need to inform the DVLA. For further information please refer to the following link

Referral to Cardiac Rehab (via cardiology). It includes:

- An exercise component
- Offer information on welfare/housing issues
- Information on returning to work/normal activities
- Sexual health
- Psychological wellbeing/stress and anxiety management
- Lifestyle changes
- Drug therapy and patient involvement in treatment to promote adherence

References
https://www.nice.org.uk/guidance/cg95

Comments & enquiries relating to medication:
CCCG Medicines Management Team mmt.camdenccg@nhs.net

Clinical Contact for pathway queries: Camden.pathways@nhs.net

Pathway created by NCL
Approved by Clinical Cabinet Nov 2017

Review due Nov 2020

Appendix 1 Percentage of people estimated to have coronary artery disease according to typicality of symptoms, age, sex and risk factors

		Non-anginal chest pain				Atypical angina *1				Typical angina *2			
		Men		Women		Men		Women		Men		Women	
Low/high risk		Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi
Age (years)	35	3	35	1	19	8	59	2	39	30	88	10	78
	45	9	47	2	22	21	70	5	43	51	92	20	79
	55	23	59	4	25	45	79	10	47	80	95	38	82
	65	49	69	9	29	71	86	20	51	93	97	56	84

For men older than 70 with atypical or typical symptoms, assume an estimate > 90%.
For women older than 70, assume an estimate of 61–90% EXCEPT women at high risk AND with typical symptoms where a risk of > 90% should be assumed.

Values are per cent of people at each mid-decade age with significant coronary artery disease (CAD)[a].
Hi = High risk = diabetes, smoking and hyperlipidaemia (total cholesterol > 6.47 mmol/litre).
Lo = Low risk = none of these three.

The 'non-anginal chest pain' columns represent people with symptoms of non-anginal chest pain, who would not be investigated for stable angina routinely.
Note:
These results are likely to overestimate CAD in primary care populations.
If there are resting ECG ST-T changes or Q waves, the likelihood of CAD is higher in each cell of the table.

[a] Adapted from Pryor DB, Shaw L, McCants CB et al. (1993) Value of the history and physical in identifying patients at increased risk for coronary artery disease. Annals of Internal Medicine 118(2): 81–90.

***1 Atypical angina** presents with two of the above features.
In addition, atypical symptoms include gastrointestinal discomfort, and/or breathlessness and/or nausea.

***2 Typical angina** presents with all three of the following features:
Precipitated by physical exertion.
Constricting discomfort anterior chest, neck, shoulders, jaw, or arms.
Relieved by rest or GTN within 5 mins.