



STOP!

Angina is pain (or constricting discomfort) in the chest, neck, shoulders, jaw, or arms caused by an insufficient blood supply to the myocardium.

Angina is also a common presentation to the ED and there are a broad range of differentials to consider when assessing chest discomfort (e.g. pneumothorax, aortic dissection, P.E).

Coronary heart disease (CHD) is the most common cause of angina. **CHD is the most common single cause of death in the UK.**⁽¹⁾

COMMON CAUSES OF ANGINA

- Coronary Artery Disease
- Valvular disease (e.g. aortic stenosis)
- Hypertrophic obstructive cardiomyopathy
- Hypertensive heart disease

LOOK

SYMPTOMS⁽²⁾

Gradual chest discomfort typically lasting 2-5 mins precipitated by physical exertion with associated symptoms (e.g. SOB, nausea, sweating). Relieved by rest or glyceryl trinitrate (GTN).

SIGNS

Tachycardia, hypertension, heart murmurs and precordial pulsations (all disappear upon resolution of ischemia).

However, examination findings are usually normal!

TREATMENT

1. Sublingual GTN for symptom relief and prior to activities that would provoke angina.
2. Beta-blocker or a calcium-channel blocker (CCB) as first-line regular treatment.
3. Long-acting nitrate (e.g. isosorbide mononitrate).
4. Consider antiplatelet treatment (e.g. aspirin 75mg/daily)

LEARN

Urgent referral to cardiology for angiography if suspicious of possible Acute Coronary Syndrome (ACS):
Extensive ischaemic changes on ECG.
Persisting angina despite optimal drug treatment.⁽²⁾

1. Cardiology Handbook (UHL)

<http://bit.ly/2Y8PoT1>

2. Angina: Summary (NICE)

<http://bit.ly/383WWeB>

TEST YOUR KNOWLEDGE

Chest Pain Syndromes (RCEM Learning)

<http://bit.ly/33RUDb1>

