

Psychological disorders : a possible cause and a frequent consequence of chest pain in primary care patients.

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Introduction. Chest pain and psychological disorders are frequently encountered in primary care patients, but their relationship is poorly understood. We examined the role of psychological disorders in patients presenting with chest pain.

Method. Among 24'620 consecutive primary care encounters, 58 physicians and one medical outpatient clinic included 672 patients presenting with thoracic pain (main or ancillary symptom). Physicians estimated if thoracic pain was attributable to psychological disorders and recorded the presence of psychiatric comorbidity and if pain generated anxiety.

Results. In 77 (11.5%) cases thoracic pain was attributed to a psychological disorder only, defined by the presence of an anxiety stimulus, anxiety symptoms and the absence of specific symptoms of other potential causes of thoracic pain. Psychological disorders included : anxiety disorder (49, including acute anxiety in 17 cases), somatoform disorders (22), depression with anxiety (6). Psychiatric comorbidity was found in 241 (36%) patients presenting with chest pain, including anxiety or depression in 192 (29%). Such comorbidity occurred more frequently if chest pain was attributed to psychological disorders (64%) -and less so when chest pain was due to a cardiac or respiratory cause. In addition, chest pain was considered to be a source of anxiety by 379 (56%) patients.

Conclusions. Psychological disorders were considered to be the source of chest pain in one of ten patients and to coincide with chest pain in another third of patients. On the reverse, chest pain engendered anxiety in the majority.