

Psychological disorders as the main cause of chest pain in primary care

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Objective: To determine the occurrence, evolution at one year and correlates of psychological disorders considered as the cause of chest pain among ambulatory primary care patients.

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

Results. At one year, 77 (11.5%) cases of thoracic pain was attributed to a psychological disorder only. Psychological disorders comprised: anxiety (55; including 17 acute anxiety and 6 associations with depression) and somatoform disorders (22). In 27/77 cases a psychological disorder was not retained as the main cause initially, whereas such main cause was abandoned in 12 cases. In four cases a significant somatic diagnosis was retained as the main cause at one year, however these diagnoses were already known initially. Most changes were between somatic and anxiety disorders vs. chest wall syndrome. In all cases the evolution was favourable (no death, no hospitalisation), but a relapse occurred in 23 cases (30%). An anxiety stimulus and anxiety symptoms and signs were associated with retaining psychological disorders as the cause of chest pain (OR 3.3 and 4.6, respectively).

Conclusion. A psychological disorder was often retained as the cause of chest pain in primary care. In most cases no change in the cause of chest pain occurred at one year. No serious condition was missed among these cases.