

How do I assess the patient with chest pain in 2023

Anthony Kueh Daniel Chan

Learning points

- When to refer
- Initiation of medical therapy
- What do the results mean
 - ETT
 - CTCA

Case 1

Presenting Complaint

- 61 man
- 6 monthly review for repeat prescription
- 3 months of chest discomfort when loading truck at work
- “Indigestion” that awoke from sleep on Saturday night
 - Relieved after 10 minutes and having glass of water

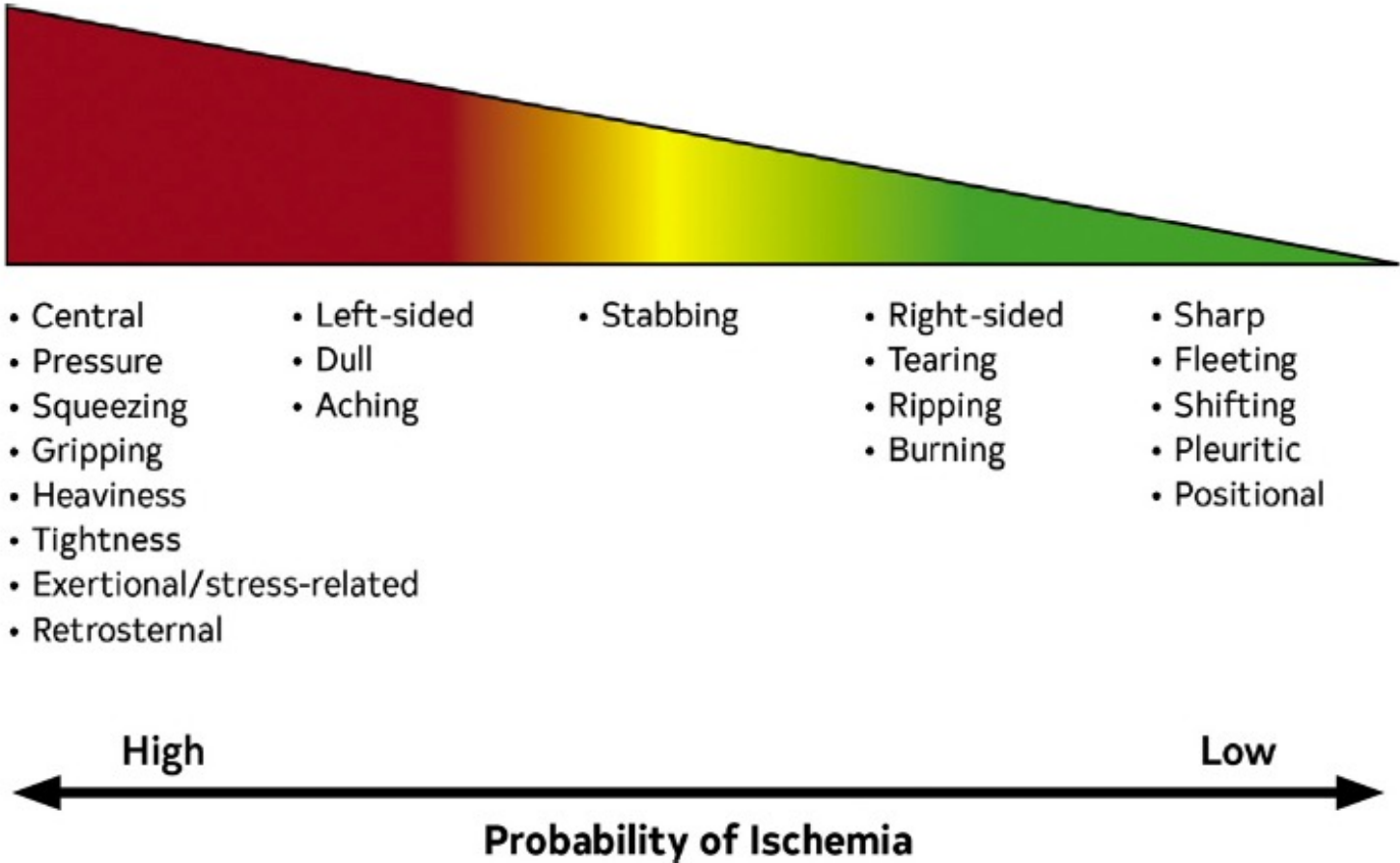
Medical History

- Type 2 diabetes, HbA1c 56
- Hypertension
- Ex-smoker
- UGIB secondary to NSAIDs

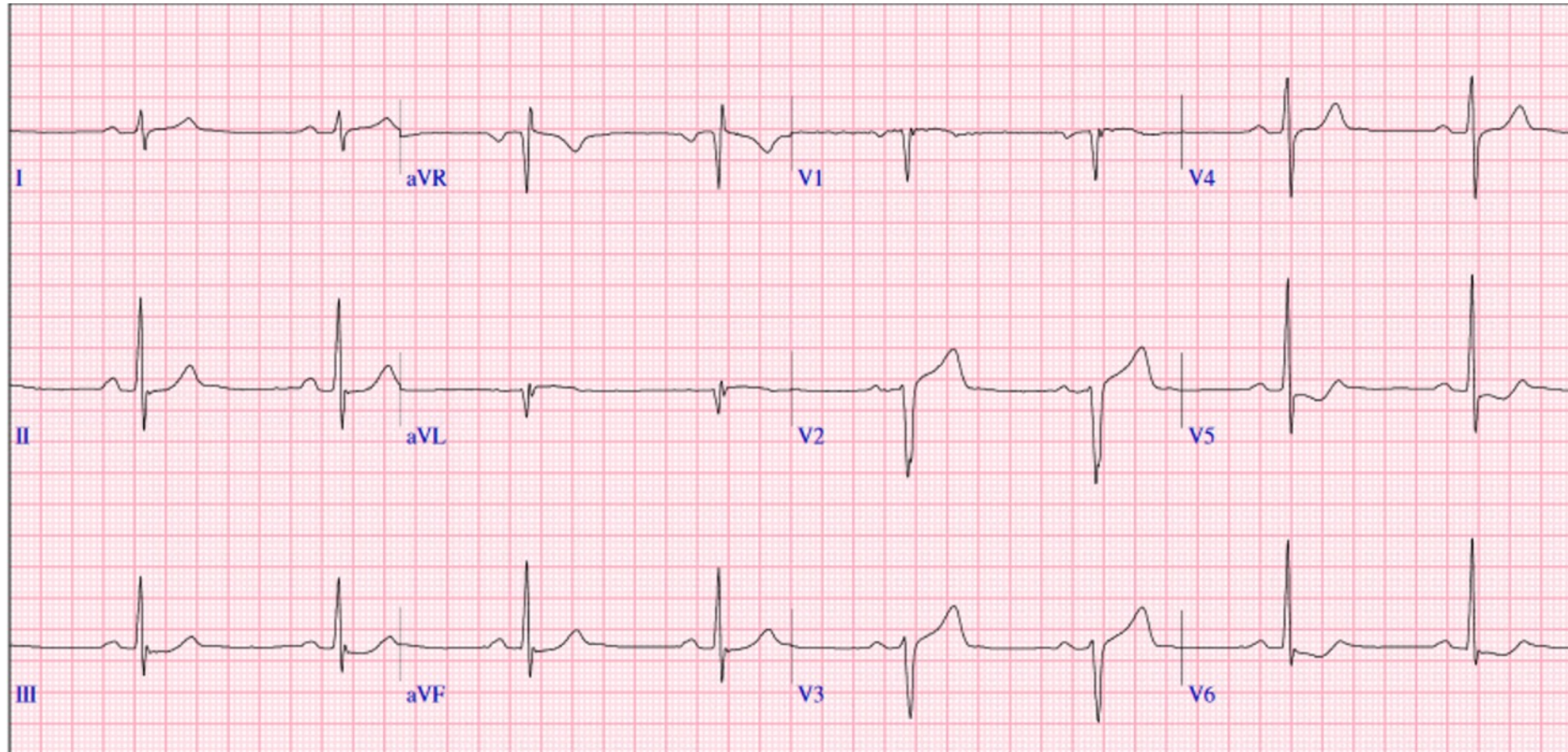
Clinical Exam

- Exam: HR 84, unremarkable

History is Important



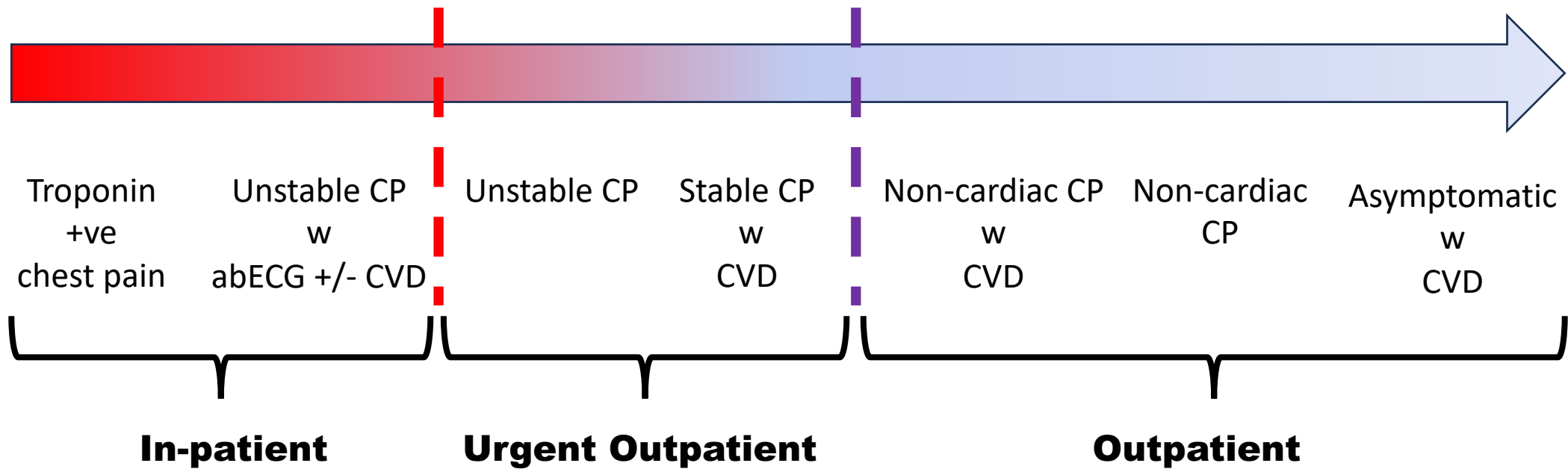
ECG



Urgency of referral

Unstable angina

1. Rest angina >20 min
2. New onset angina CCS II-III
3. Crescendo angina



I have referred for urgent cardiology review

Should I start treatment?

SHARED DECISION MAKING

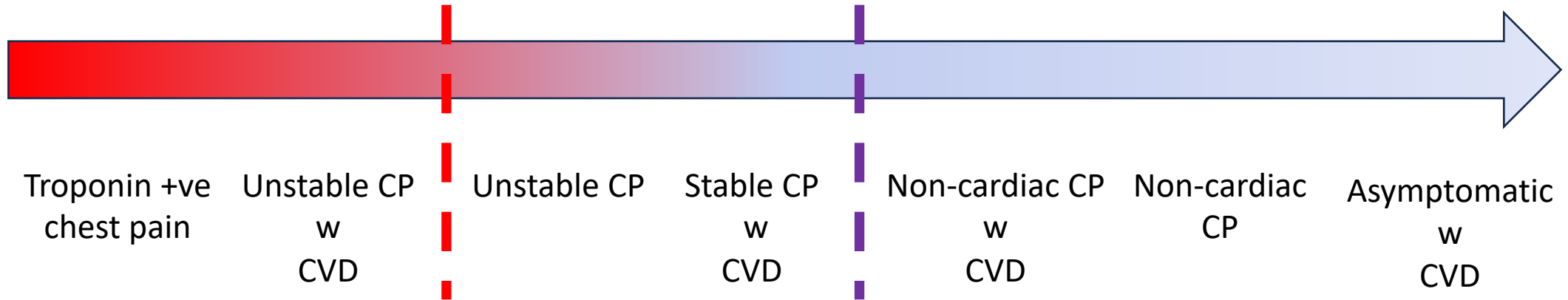
Event prevention (aspirin, statin)

- Clinical likelihood of obstructive CAD
- Primary prevention indication?
- Optimise known CV risk factors

Symptom relief (anti-ischaemic drugs)

- Severity of symptoms
- Trial of treatment to aid diagnosis

Medications



Aspirin	+	+	+	+/-	-
Statin	+	+	+	?	?
GTN	+	+	?	?	-
Antianginal	+	+	?	?	-

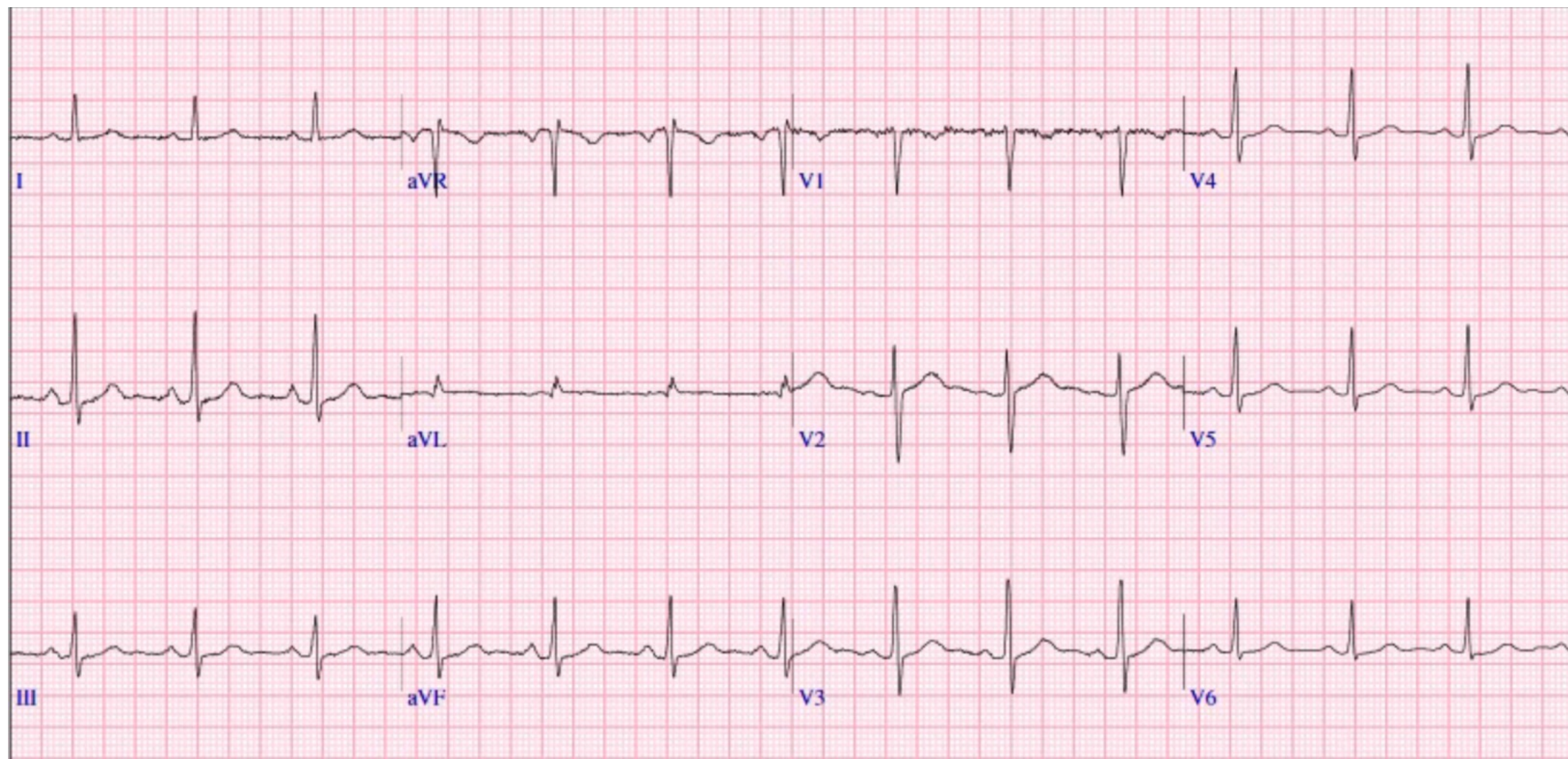
Case 1

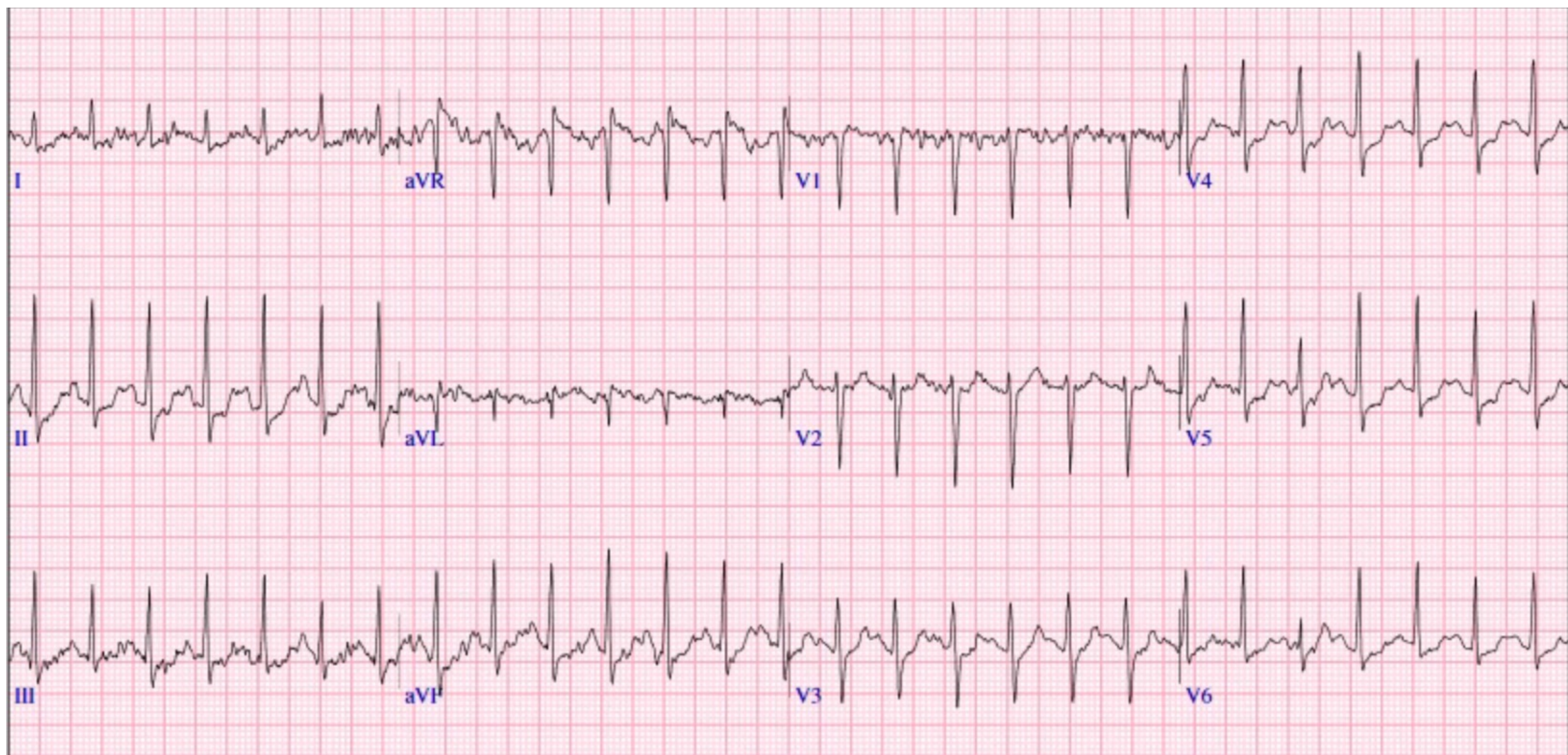
Presenting Complaint

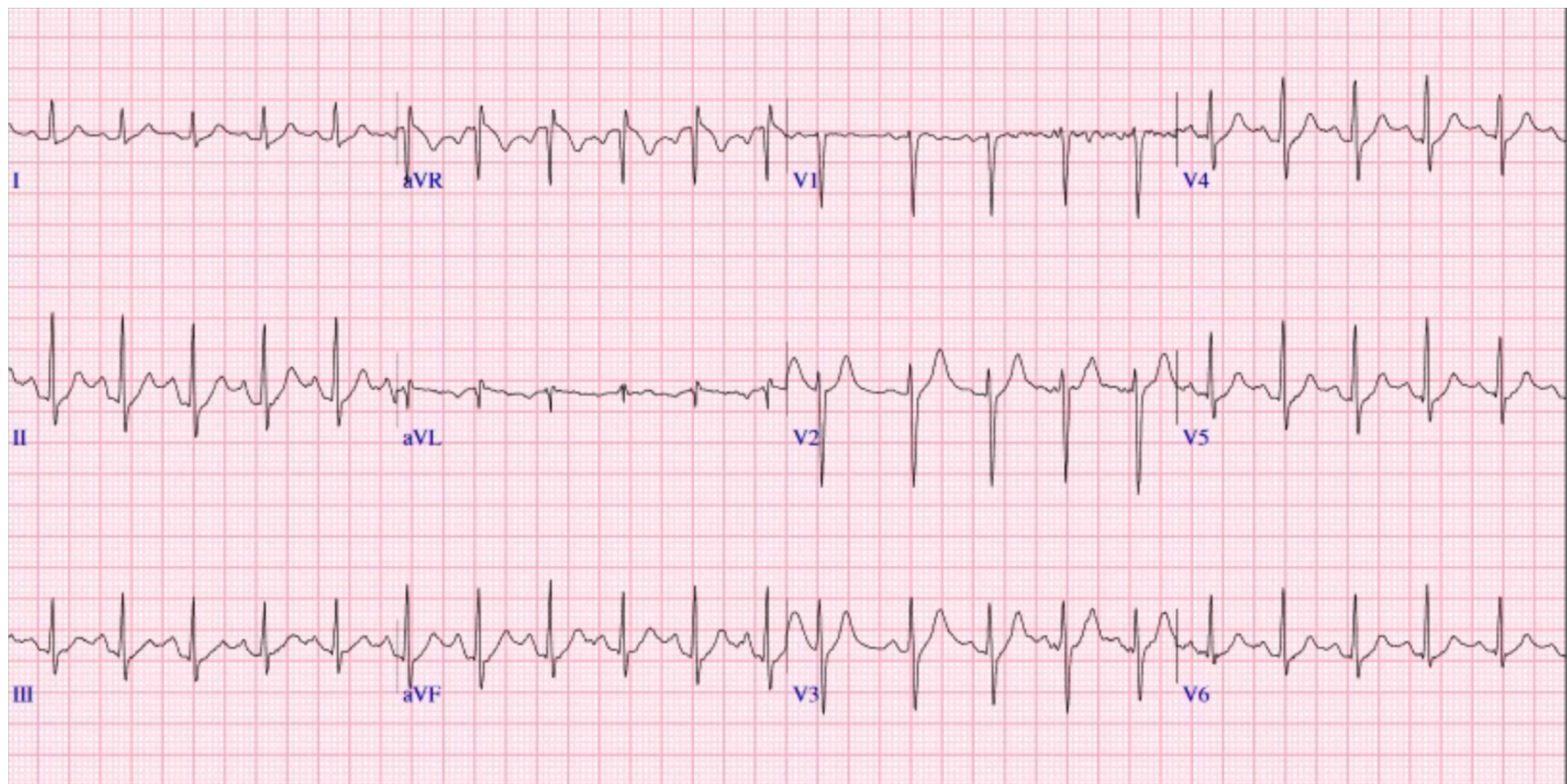
- 61 yo M
- 6 monthly review for repeat prescription
- 3 months of chest discomfort when loading truck at work
- “Indigestion” that awoke from sleep on Saturday night
 - Relieved after 10 minutes and having glass of water
- Exam: HR 84, unremarkable

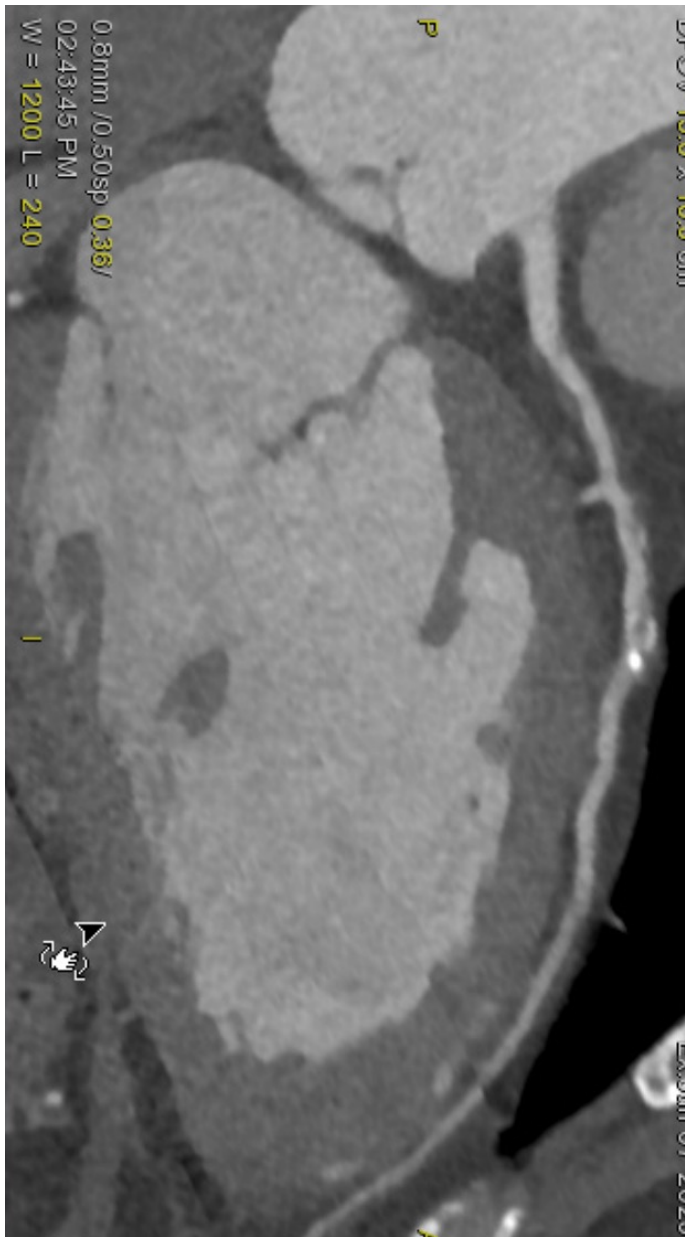
Medical History

- Type 2 diabetes, HbA1c 56
- Hypertension
- Ex-smoker
- UGIB secondary to NSAIDs







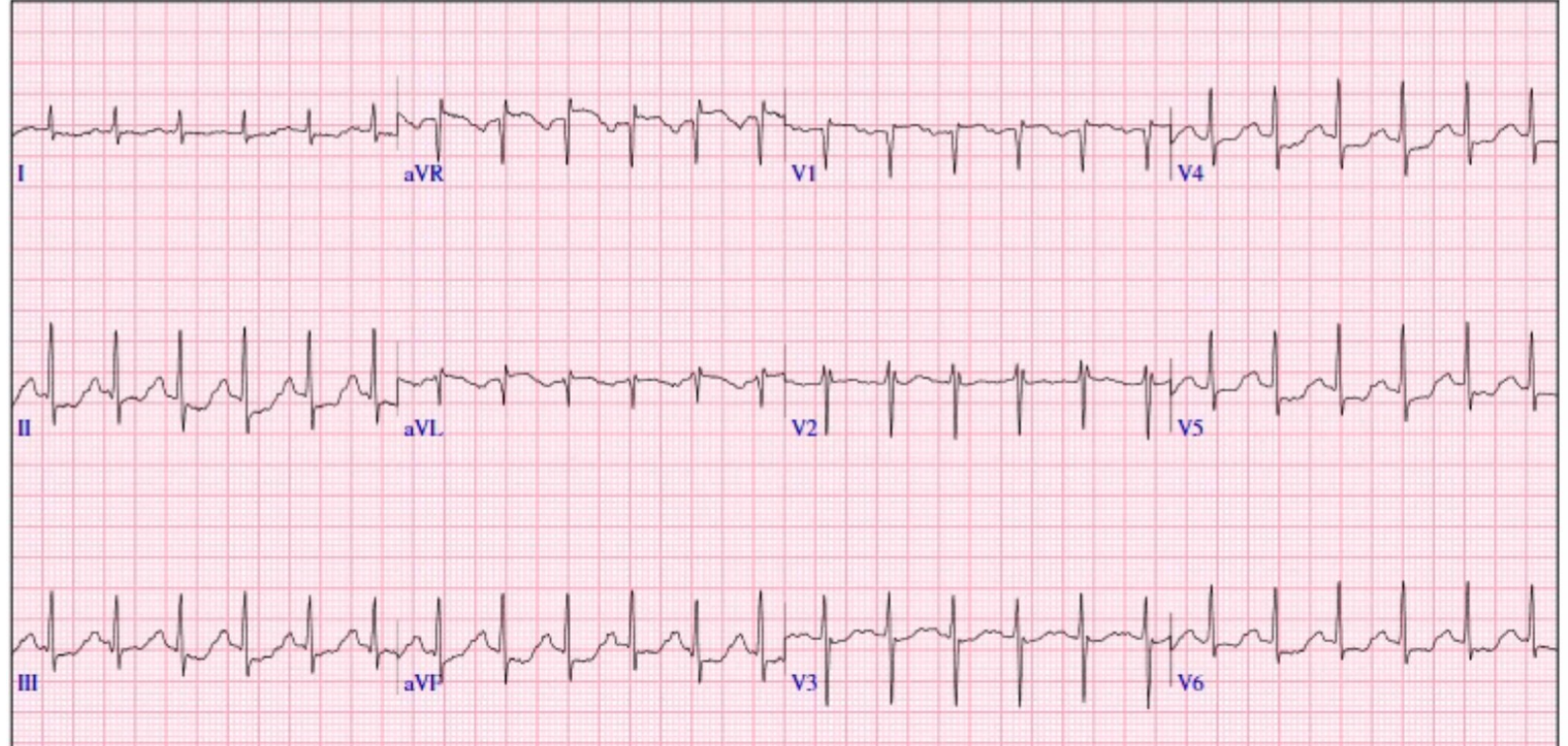


Case 2

- 58 years old woman
- Indian descend
- Episodes of palpitations and left arm discomfort on exertion

Medical History

- DM II - HbA1c 65





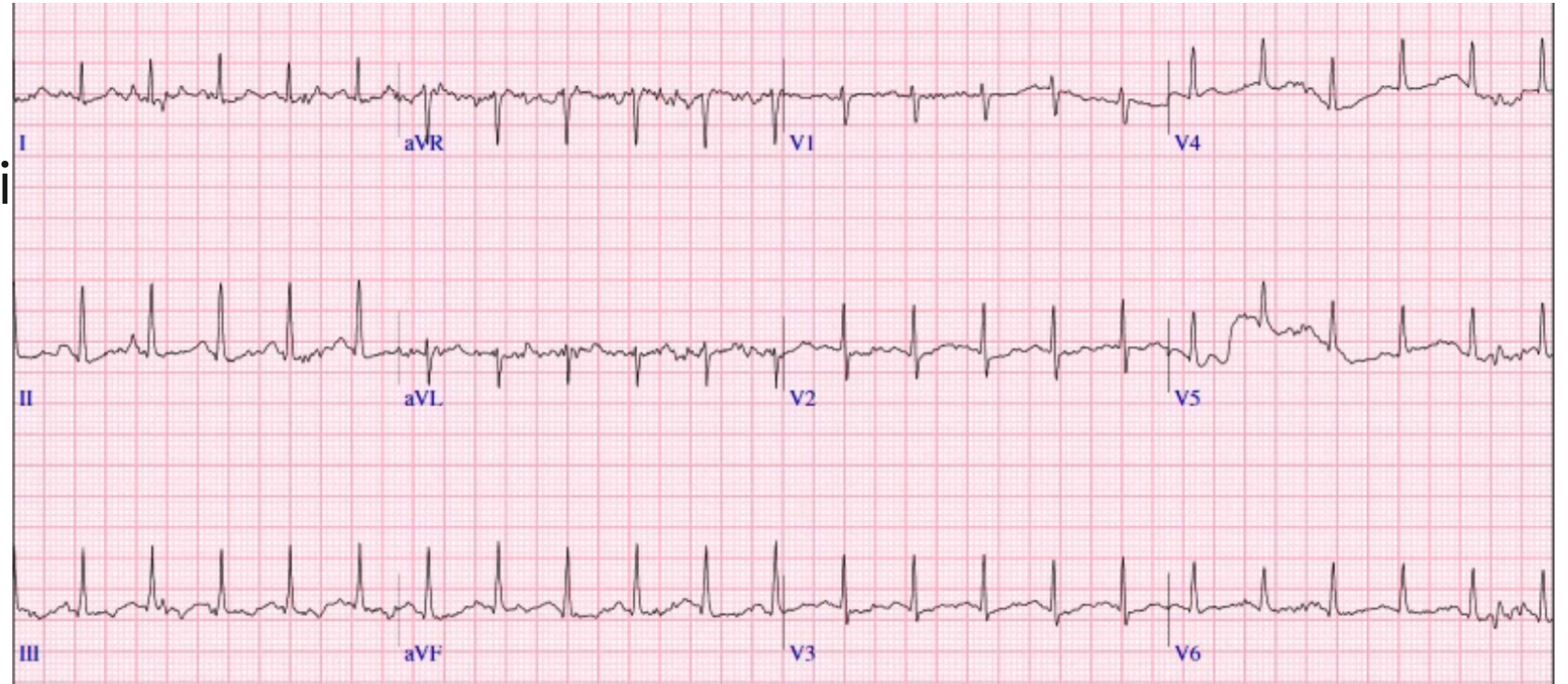
Case 3

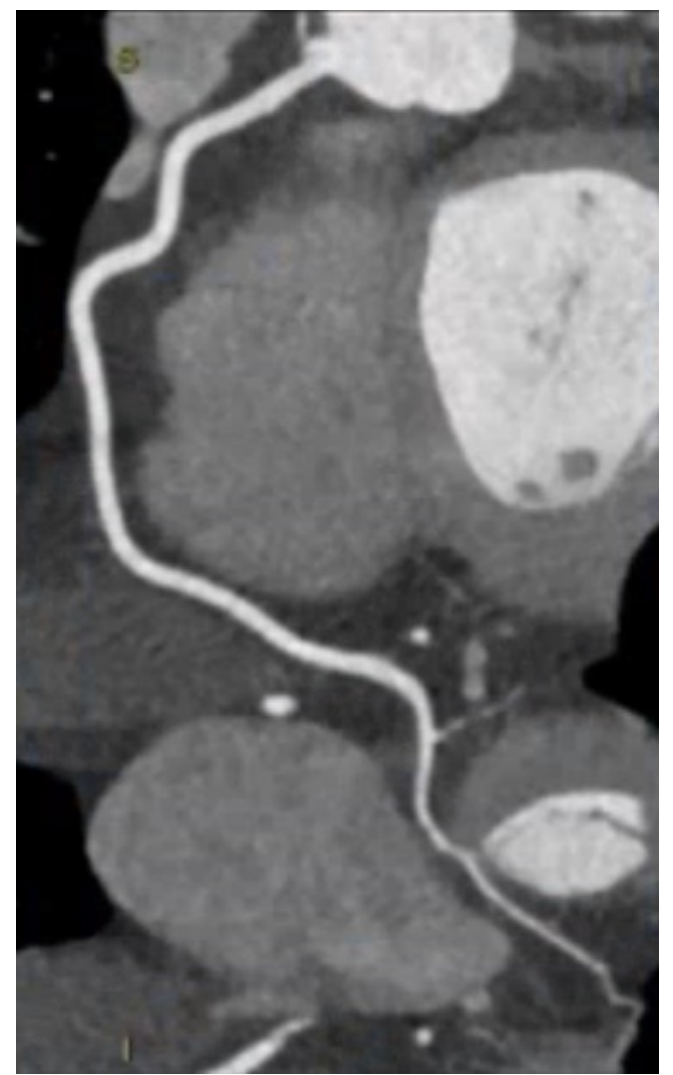
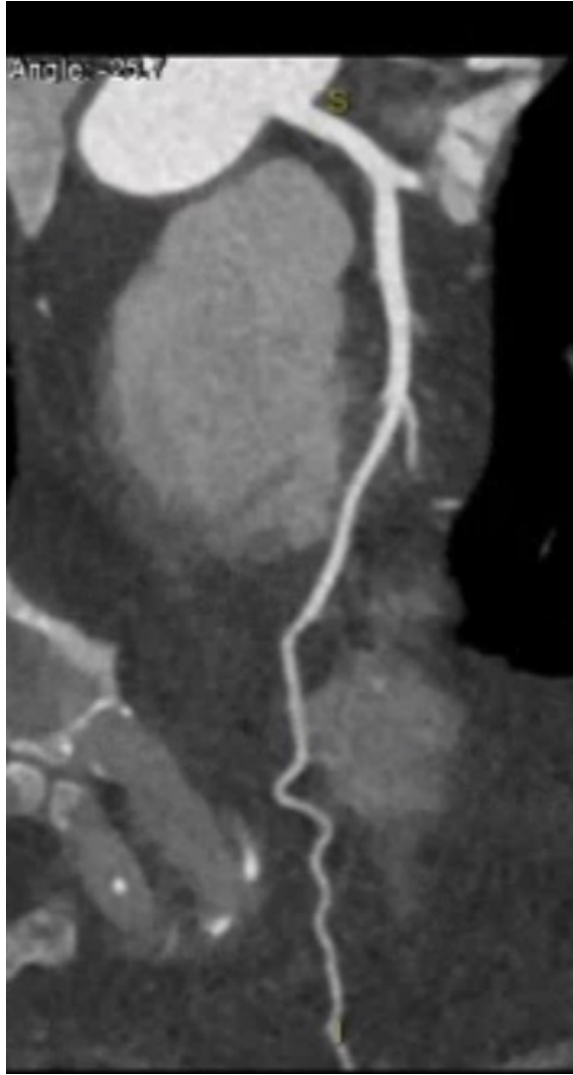
Presenting History

- 63 woman
- Left sided chest pain on walking

Medical History

- DM II – HbA1c 62
- BMI 33
- Dyslipidaemia
- Hepatic steatosis
- PMR on prednisone





Q & A

Summary Points

- Chest pain
 - Cardiac vs Non-Cardiac
 - CVD risk factors

- Medical therapies
 - High risk group

- ETT helps risk stratification

- CTCA to assess for CAD in symptomatic patients

