



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.3909674>Available online at: <http://www.iajps.com>

Research Article

**FREQUENCY OF PANIC ATTACKS IN PATIENTS
PRESENTING IN CARDIAC EMERGENCY WITH CHEST
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Article Received: April 2020

Accepted: May 2020

Published: June 2020

Abstract:

Objective: to screen patients coming to cardiac emergency with chest pain suffering from panic disorder and include treatment regimens for the disorder to prevent false perception of symptoms as angina.

Design: study was conducted in Jinnah hospital lahore's cardiac emergency ward over a period of 6 months.using a sample size of 70 patients.it was a cross sectional study of consenting consecutive patients with presenting complain of chest pain,done by means of evaluating the symptoms of the cardiac patients via performa (psychiatric Axis) and DMS 111 criteria.

Results: Out of the 70 patients that presented with complaints of chest pain about 26% (18/70)fulfilled the criteria of the DMS anxiety score showing a markedly high level of anxiety and restlessness as compared to normal patients($p=0.01$).26 percent of these patients had suicidal ideation prior to presentation while 6% of the patients did not have this problem. Whereas the rest had a valid cardiac cause of the presentation

Conclusion: panic and anxiety disorder prevails highly among cardiac patients which leads to repeated emergency room visits and false perception of angina or myocardial infarction leading to waste of resources, energy and time of the health staff and the patient.

Keywords: anxiety, DMS III criteria, depression, psychiatric axis.

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Please cite this article in press Muhammad Shoaib et al., *Frequency Of Panic Attacks In Patients Presenting In Cardiac Emergency With Chest Pain*, Indo Am. J. P. Sci, 2020; 07(06).

INTRODUCTION:

Majority of the patients landing in emergency department of cardiac centre present with central chest pain typical or atypical. chest pain is a major presenting complaint of patients suffering from acute coronary syndrome(1,2). however, many other medical conditions such as a panic attack or muscular pain may also present with this symptom. majority of the patients when cleared from cardiac section on the basis of cardiac enzymes and eKg remain undiagnosed and mismanaged by being labelled as atypical chest pain and they are discharged without further psychiatric evaluation leading to repeated visits thereafter with the same complain(4,5). mitral valve abnormalities, gastro esophageal reflux syndrome, spasms of esophageal, hereditary syndromes, myalgias, costochondritis, rib fractures as well as lung pathologies are alternate causes of chest pain(3). psychiatric abnormalities are very usually missed since they do not cause major functional disability despite being common among such patients. a study estimated about 30% of the chest pain patients have panic disorder.(10)

Its high prevalence among cardiac patients may be due to the fear and overlap of symptoms between panic disorder and angina attack. The fear and agonizing pain compels them to interpret their symptoms to be cardiac in origin. With time this disorder being continuously underdiagnosed turns into a severe condition leading to suicidal ideations. A study done in the UK found out that 17.5% of the patients visiting the cardiac emergency were actually suffering from untreated panic disorder(6). Major setbacks in conducting a proper study on panic disorders among cardiac patients are the unavailability of appropriate sample size, failure of people to accept their psychiatric issues, and inability of the attending doctor to recognize the disorder timely(7). thereby we are in need of a study that can measure the prevalence of this disorder among patients with cardiac to prevent progression and prevention to develop suicidal ideation, more severe complications and to improve the quality of life of the patients on the whole(8). chest pain however has been described as being cardiac and non cardiac

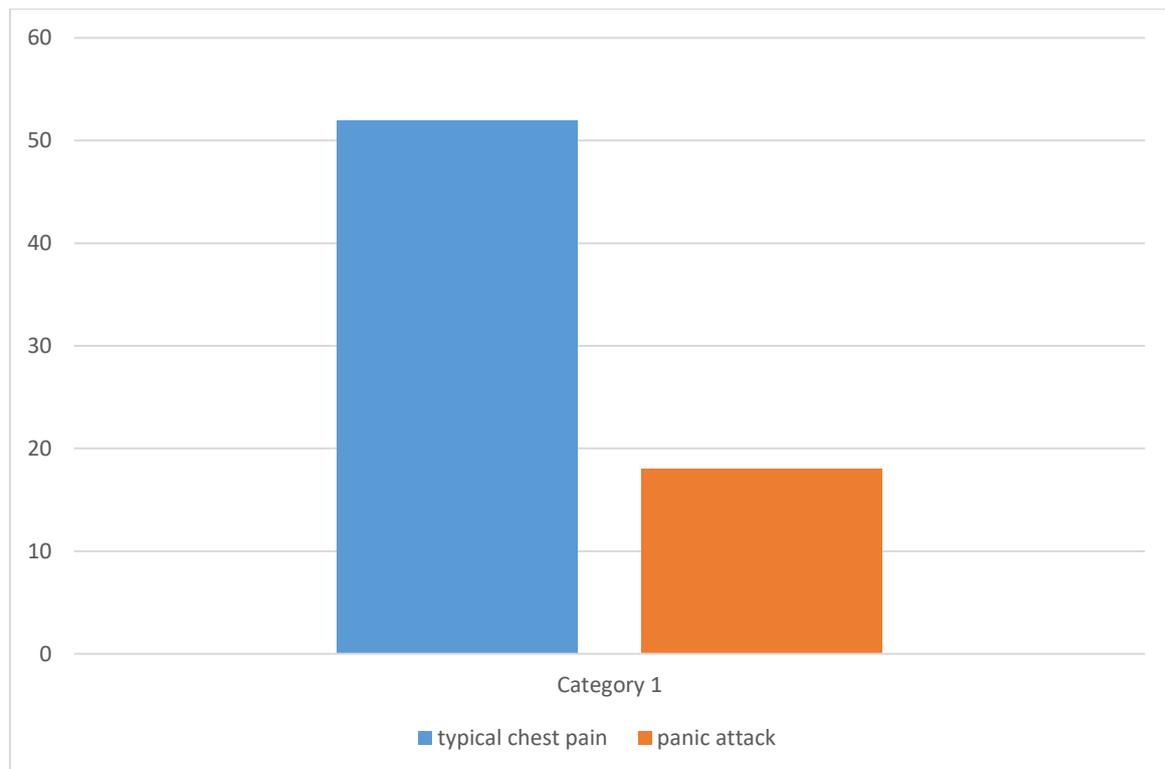
atypical in origin. Cardiac pain typically has all the symptoms that a non cardiac pain has however a much greater mortality and dreadful effects if remains untreated. a typical cardiac pain is supposed to be central crushing pain exaggerated with exertion and relieved on taking rest or nitroglycerine(9). An atypical chest pain may have any one of the three above defined criteria. pain perception of the patients suffering from panic disorder is also comparatively noted to be higher as compared to normal patients.

METHODS:

It is a cross sectional study done over a period of six months, conducted in Jinnah hospital Lahore's cardiac emergency. using a sample size of 70 patients. it was a cross sectional study of consenting consecutive patients with presenting complaint of chest pain, done by means of evaluating the symptoms of the cardiac patients via performas (psychiatric Axis) and DMS 111 criteria. ethical review committee's permission was sought. all formalities fulfilled. performas were printed out and every cardiac patient presenting with chest pain was evaluated carefully. functional causes were ruled out as well. cardiac wellbeing was done by serum cardiac markers and electrocardiograms. patients were side by side evaluated on DMS III criteria as well. those who got cleared from the cardiologists based on their symptoms and laboratory evaluation were further tested for the presence of panic disorder. data was collected and added in spss 19.0 version software. cross tabs were run on that data to calculate the frequency of panic disorder among the patients

RESULTS:

Out of the 70 patients that presented with complaints of chest pain about 26% (18/70) fulfilled the criteria of the DMS anxiety score showing a markedly high level of anxiety and restlessness as compared to normal patients ($p=0.01$). 26 percent of these patients had suicidal ideation prior to presentation while 6% of the patients did not have this problem. where as the rest had a valid cardiac cause of the presentation



DISCUSSION:

The study highlights the fact that one in every five cardiac patient presenting to the emergency have panic disorder (8,9).the intensity of which can be measured through severity of the symptoms they describe. Such patients also go through more than one psychiatric illness mainly depression or obsessive-compulsive disorder with more severely ending up into suicidal thoughts. However, due to lack of resources these patients may not even get referred for psychiatric evaluation.A study chart review showed that 99% of the Panic Disorder cases were not diagnosed and left untreated(8).a prevalence study was conducted on a scale using 36 patients coming with chest pain.33% out of these were positive for the establishment of panic disorder(3).

The consenting patients were interviewed in a separate setting afterwards and the level of depression with anxiety leading to panic disorder was as high as patients admitted in coronary care units for coronary interventions (9). Hence, in this study patients were in adequate number, consenting and actively participating supports the hypothesis that panic attack is prevalent among cardiac patients as compared to the healthy individuals (1-5%). The presence of more severe symptoms in panic disorder highlights the importance of its management(2).it is a serious condition presenting with suicidal ideations at times as well.in such cases what is important is that the patients have had thoughts of ending their lives a week or two preceding the

attack(4,5).number of which is very high as compared to normal non cardiac patients. In a huge 18,000 sample size study it was highlighted that panic disorders were still the breeding ground for suicidal thoughts however they must not be categorized as a symptom pertinent to it since it comes under mood disorders. Prompt recognition and evaluation can suppress the frequency and occurrence as the patient would have better awareness of the symptoms and will be managed in a likely manner.

CONCLUSION:

High incidence of panic disorder among cardiac patients in this and previous studies the physicians shall start early screening and evaluation of the patients for it .this will improve the efficiency of the hospital and will lower the burden on the doctors and health care staff.

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