ED Diagnosis of Acute Coronary Syndromes: No Gender-Related Difference of 'Chest Discomfort'

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Introduction

• There is evidence for gender and diabetes-related differences in symptoms of ACS upon presentation to the ED: i.e., non-diabetic men typically report ‘chest pain,’ whereas women and diabetics may report atypical complaints.
• This may reflect differences in either ACS-related chest pain or differences in the perception of pain.

Objective

• Our aim was to compare the frequency of broadly defined ‘chest associated discomfort’ rather than ‘chest pain’ reported by men vs. women and diabetics vs. non-diabetics with MI.

Methods

• This prospective, ongoing study enrolls patients presenting to an urban academic medical center with the subsequent diagnosis of NSTEMI or STEMI.
• After admission, patients were interviewed using a focused, semi-structured format and queried as to the presence (yes/no), severity, and quality of chest discomfort--defined as any symptom referred to the thorax--upon ED presentation.
• Severity was scored on a scale of 1 to 10.
• Patients were excluded if they were unstable or otherwise unable to give a history.

Results

• Incidence of chest discomfort was 91% in women and 94% in men. (p=0.69 by Fischer’s exact test)
• Incidence of chest discomfort was 86% in diabetics and 95% in non-diabetics. (p=0.18)

Conclusion

• These preliminary results suggest that, while there may be gender or diabetes-related differences in the perception of ‘chest pain’, there is an equivalent incidence and severity of ‘chest discomfort’ in all groups.
• This reinforces the importance of pursuing broad complaints of chest discomfort in the ED.