

Evaluation of Chest Pain in the Primary Care Setting



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KEYWORDS

- Chest pain • Physician assistant • Physical examination • Laboratory studies
- Nuclear Stress Test • Pharmacologic Stress Test

KEY POINTS

- Chest pain presentations can be extensive depending on etiology.
- A careful history and physical examination aid the practitioner in determining the correct diagnosis.
- Laboratory studies and ancillary testing should be focused on top considerations.
- Treatment varies depending on history, physical, and test results.

INTRODUCTION

The presentation of chest pain in the primary care setting is a challenge for physician assistants (PAs). Because of the extensive nature of a differential diagnosis that includes many systems, accurately diagnosing the etiology of chest pain is key. Several points lead a practitioner to accurately direct their investigation and treatment plans based on sound fundamental practices when the patient presents to their practice. It is important for the PA to start their encounter with the patient in an organized, practical, and directed fashion. Failure to do so may lead the PA to prolong their treatment and not come up with an accurate diagnosis.

STATISTICS AND DEMOGRAPHICS

Heart disease remains the number one cause of death in the United States for individuals age 35 and older. In some regions of the United States the prevalence of heart disease is significant (**Fig. 1**).^{1,2} Throughout the United States evaluations for the complaint of chest pain have been consistently high. As it relates to emergency visits, the complaint of chest pain has consistently remained a top complaint of individuals

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Heart Disease Death Rates, 2008–2010 Adults, Ages 35+, by County

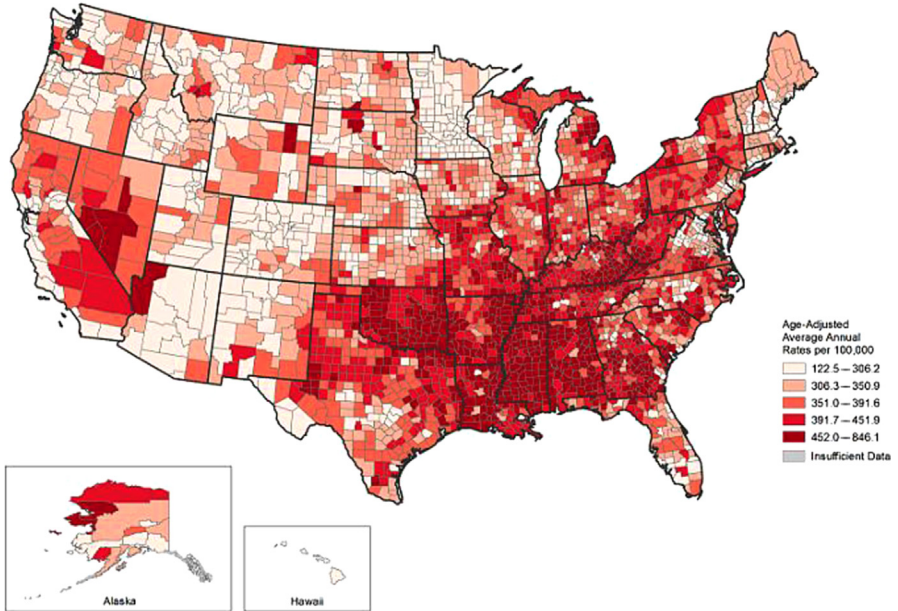


Fig. 1. Heart disease death. Rates are spatially smoothed to enhance the stability of rates in counties with small populations. (From CDC. Available at: <https://www.cdc.gov/heartdisease/facts.htm>. Accessed on November 22, 2016.)

visiting emergency rooms. This trend does not seem to have let up, and the number of visits has remained consistent (**Figs. 2** and **3**).³

CASE EXAMPLE 1

A 56-year-old man who has been followed in the family practice presents with the complaint of chest pain. He states that over the last 3 weeks he has been having a

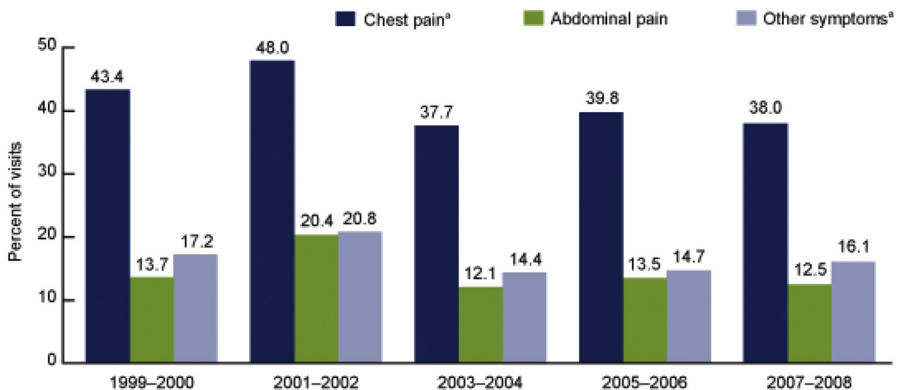


Fig. 2. Immediate and emergent noninjury emergency department visits for persons aged 18 years and older: United States, 1999 to 2008. Notes: Figures are based on 2-year averages. Emergent visits are those in which the patient should be seen within 14 minutes. ^a Trend is significant ($P < .05$). (From Emergency department visits for chest pain and abdominal pain: United States, 1999–2008. NCHS Data Brief, No. 43, September 2010. Available at: <https://www.cdc.gov/nchs/data/databriefs/db43.pdf>. Accessed on November 22, 2016.)

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