Chest pain

Chest pain refers to pain felt anywhere in the chest area, from the level of your shoulders to the bottom of your ribs. It is a common symptom and can have many causes. It can often be difficult to diagnose the exact cause of chest pain without carrying out some tests and investigations.

It is important to take chest pain seriously because it can sometimes indicate a serious underlying problem. Any new, severe, or persisting chest pain should be discussed with your doctor. This is particularly important if you are an adult and have a history of heart or lung disease.

What is chest pain?
Chest pain includes any type of pain or discomfort that occurs between your upper belly area and your lower neck. Chest pain can occur in any age group or population and may be described as chest tightness, chest pressure, or a feeling of burning or fullness in the chest. Chest pain may also be sharp, dull, throbbing, crushing, tearing, cramping or achy.

Causes
Most chest pain is not heart-related and isn’t a sign of a life-threatening problem. Some common causes of chest pain are outlined below. This information should give you an idea of whether these conditions may be causing your chest pain, but you should always seek medical advice to make sure you get a proper diagnosis.

Gastro-oesophageal reflux disease (GORD) - A common condition where acid from the stomach comes up into the oesophagus (gullet).

Common symptoms of GORD include:
• burning chest pain (heartburn)
• an unpleasant taste in the mouth caused by stomach acid coming back up into your mouth

Bone or muscle problems - If your chest is painful and tender to touch it may be cause by a strained muscle in your chest wall. This can be surprisingly painful, but with rest the pain should ease and the muscle will heal in time.

Anxiety and panic attacks - Some episodes of chest pain occur as part of an anxiety or panic attack. In addition to chest pain and overwhelming feelings of anxiety, these attacks can cause symptoms such as heart palpitations, sweating, breathlessness and dizziness.

Lung problems - If you have sharp chest pain that gets worse when you breathe in and out, and is accompanied by other symptoms such as a cough and breathlessness, it may be caused by a condition affecting the lungs or surrounding tissue, such as:
• pneumonia – inflammation of the lungs, usually caused by an infection
• pleurisy – inflammation of the membrane surrounding the lungs, also usually caused by an infection
Symptoms of chest pain
Chest pain often occurs in conjunction with other symptoms, which vary depending on the underlying disease, disorder or condition. For example, if chest pain is related to an infection, you may experience a fever and body aches. Diseases and conditions of organs and tissues in your chest or abdomen, such as the lungs, stomach, oesophagus, ribs, pancreas, gallbladder, muscles and nerves, can result in chest pain as well.

Pain can also travel from the neck, back and belly area to your chest. Coexisting symptoms can also be related to the digestive tract. Some signs or symptoms, such as low oxygen levels and high carbon dioxide levels, may be evident only through medical testing, so always seek medical care if you are experiencing chest pain.

Other chest symptoms that may occur along with chest pain
Chest pain may accompany other heart and lung symptoms including:
• cough (may be a productive cough with phlegm)
• flared nostrils
• wheezing

Treatment
Treatment will vary, depending on the underlying cause of your chest pain.

Medications
Drugs used to treat some of the most common causes of chest pain include:

• Artery relaxers: Nitroglycerin, usually taken as a tablet under the tongue, relaxes heart arteries, so blood can flow more easily through the narrowed spaces. Some blood pressure medicines also relax and widen blood vessels.
• Aspirin: If doctors suspect that your chest pain is related to your heart, it is likely that you’ll be given aspirin.
• Clot-busting drugs: If you are having a heart attack, you may receive drugs that work to dissolve the clot that is blocking blood from reaching your heart muscle.
• Blood thinners: If you have a clot in an artery feeding your heart or lungs, you’ll be given drugs that inhibit blood clotting in order to help prevent more clots from forming.
• Acid-suppressing medications: If your chest pain is caused by stomach acid splashing up your oesophagus, the doctor may suggest medications that reduce the amount of acid in your stomach.
• Antidepressants: If you are experiencing panic attacks, your doctor may prescribe antidepressants to help control your symptoms. Psychological therapy, such as cognitive behavioral therapy, may also be recommended.

Who to contact if you are concerned
If you have any concerns about your symptoms you should contact your GP or call 111 for advice.

Useful links
NHS Choices [www.nhs.uk/conditions/chest-pain/Pages/Introduction.aspx](http://www.nhs.uk/conditions/chest-pain/Pages/Introduction.aspx)
Have your say
We would be very grateful if you would complete a feedback card before you leave. It’s your chance to have your say on the treatment you have received in hospital. Feedback helps us continually improve the service we give to our patients.

University Hospital Southampton NHS Foundation Trust
Southampton General Hospital
Tremona Road
Southampton
SO16 6YD
Main switchboard: 023 8077 7222

The information in this factsheet has been adapted from NHS Choices www.nhs.uk

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone 023 8120 4688 for help.

© 2019 University Hospital Southampton NHS Foundation Trust. All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright holder.