Stable chest pain pathway

Carry out a detailed assessment and review

History

Document:

- the age and sex of the person
- the characteristics of the pain and any associated symptoms
- any history of angina, MI, coronary revascularisation, or other cardiovascular disease and
- any cardiovascular risk factors.

Examination

- Identify risk factors and signs of cardiovascular disease
- Identify non-coronary causes of angina (for example, severe aortic stenosis, cardiomyopathy)
- Exclude other causes of chest pain

Person has confirmed CAD

YES

See part 3 of the pathway on page 52

- **Features of pain are non-anginal (see boxes 1 and 2) and**
- **Assessment does not raise clinical suspicion of stable angina**

YES

- **Consider other causes of chest pain**
- **Only consider chest X-ray if other diagnoses are suspected**

NO

Take resting 12-lead ECG (see box 3)

Use clinical assessment and typicality of anginal pain features to stratify the likelihood of CAD (see box 1 and table 1)

Likelihood of CAD is less than 10%

- **Consider other causes of chest pain**
- **Consider investigating other causes of angina such as hypertrophic cardiomyopathy in people with typical angina-like chest pain and a low likelihood of CAD (< 10%)**
- **Only consider chest X-ray if other diagnoses are suspected**

Likelihood of CAD is greater than 90%

- **to identify conditions which exacerbate angina**
- **Treat as stable angina**

Likelihood of CAD is 10- 90%

- **Arrange blood tests to identify conditions which exacerbate angina**
- **Offer further diagnostic testing (see part 2 of pathway on page 51)**
- **Consider aspirin only if the chest pain is likely to be stable angina until diagnosis made**
- **Follow local protocols for stable angina while waiting for the results of investigations if symptoms are typical of stable angina.**

Box 1 Typical stable angina symptoms

- Constricting discomfort in the front of the chest, in the neck, shoulders, jaw, or arms
- Precipitated by physical exertion
- Relieved by rest or GTN within about 5 minutes

Typical angina: all of the above
Atypical angina: two of the above
Non-anginal chest pain: one or none of the above

See recommendation 1.3.3.4 for risk factors which make angina more likely.

Box 2

Stable angina is unlikely if chest pain is:

- continuous or very prolonged and/or
- unrelated to activity and/or
- brought on by breathing in and/or
- associated with symptoms such as dizziness, palpitations, tingling or difficulty swallowing

Box 3 Changes on a resting 12-lead ECG consistent with CAD which may indicate ischaemia or previous infarction

- pathological Q waves in particular
- LBBB
- ST-segment and T wave abnormalities (for example, flattening or inversion).

Results may not be conclusive. Consider resting 12-lead ECG changes together with people's clinical history and risk factors. Note that a normal resting 12-lead ECG does not rule out stable angina.