

Should You Worry About Your Heart's Health?

The Big Three Warning Symptoms

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EARLY HOSPITAL CARE can save a heart and a life. This is particularly true in those with a “heart attack” – a myocardial infarction or “MI.” How do we know when this is happening? When should we call for help? No one wants to overreact but we don’t want to ignore warnings. If treatment didn’t work, it wouldn’t make any difference – but it does. Symptoms can be warning signs and early evaluation by a medical provider can lead to effective treatment.

What symptoms are important? Repetition suggests that there are three. The repetition is ours (“ours” because I work every day with Karen Griffith, a nurse practitioner who never lets me forget what is important). We’ve settled into saying nearly the exact same thing to all patients as they’re leaving a clinic or office visit with us – a clue to what we think are the symptoms of greatest concern. “Call us if you have – chest discomfort, fainting, difficulty breathing.” Each can be caused by heart disease and we think they are the important warning symptoms – the big three.

“Should Bill be having aching in his chest when he walks out to get the mail?” his wife asked, just today. “What does it mean?” And today, like every day, this writer, who has been a heart doctor, cardiologist, for thirty years, is not absolutely sure. This is mentioned so that you know that if you’re unsure, you’re not alone.

Heart Disease “101”

Some words about heart disease may help make some sense of these three. In the United States, for all practical purposes, heart disease is vascular disease. This vascular disease affects the blood vessels that supply blood to the heart, the coronary arteries. It’s interesting that a heart cannot take advantage of the blood that is in it at all times. It actually has to send the blood out and then have part of it come back through the coronary arteries to provide the oxygen and nutrients it needs. Like all arteries, the coronary arteries are at risk of developing the process of atherosclerosis, also called arteriosclerosis or “hardening of the arteries.” This disease can cause buildups that encroach on the lumen of the vessel and, if this creates enough narrowing to limit blood flow, can result in symptoms – the subject of this article. These symptoms are associated with an increased risk of developing heart damage (the above mentioned, “heart attack,” or a myocardial infarction, or MI) and, on a statistical basis, with a shortened life, an early death. Fortunately, even in the presence of known heart disease, most with symptoms can be treated. Still, the concern with some symptoms is sufficient to precede the word with “warning” – i.e. warning symptoms.

The Big Three Warning Symptoms

Chest Discomfort

There are many non-cardiac causes of chest discomfort – it’s often difficult to know if the heart is the cause. If chest discomfort occurs in a person who has the risk factors for developing coronary artery disease – smoking, uncontrolled blood pressure, uncontrolled diabetes, a family history of early heart disease and high cholesterol – the suspicion that the discomfort is coming from the heart is appropriately higher. Still, heart discomfort can occur even in individuals without any of those features.

Most typically, chest discomfort due to coronary artery disease is a squeezing, tightness, heavy, grip like pressure or aching feeling in the chest. Often people grip their chest or clench their fist when describing the discomfort. It is called angina or angina pectoris. It’s generally in the middle of the chest (although we know the heart is located a little more to the left) and may be associated with discomfort in the neck or in either arm – more commonly on the inside of the left arm. It tends to be associated with exertion and typically will disappear after three to five minutes of rest. Activity in cold weather may exacerbate the angina. The picture (by a noted medical illustrator Dr. Frank Netter) gives a sense of a person with angina.

Have you noticed I’ve not yet used the words “chest pain?” It’s intentional. For years, I’ve asked patients if they’ve had chest pain. “No.” After hurrying on to complete the interview and evaluation, and standing to leave the room, they might stop me with something like, “Just one more thing. Is there anything to this heaviness, tightness, squeezing feeling that happens in my chest?” As with the earlier mentioned Bill, I had not been careful enough to ask the question in the correct way. Had it not been for them, I would have missed a clear description of a symptom that strongly indicated heart disease as the cause, the kind of symptom that is a clue that an individual may proceed on to have a myocardial infarction. Myocardial infarctions – heart attacks – can be more painful. More importantly, they can result in enough heart damage that an individual will have future symptoms of breathlessness and fatigue, or be at risk of an abnormal heart rhythm.

Discomfort due to a myocardial infarction is usually more severe than angina. It tends to last longer than five minutes, often is severe enough to be described as pain – chest pain – a squeezing type of chest pain, a heaviness, the sense of “an elephant sitting on my chest.” It is often accompanied by a cold sweat, dizziness or nausea.

When do we not have to worry about chest discomfort? Everyone is different so it’s hard to be certain.

Realistically, most discomfort is not due to an immediately dangerous heart problem.

Interestingly, although sharp sudden pains may be frightening, they rarely indicate significant heart disease.

If they continue for many minutes and/or get worse, it is worth seeking medical help, if only to feel better. Even though the heart is on the left side, the farther left the discomfort is in the chest, the less likely it is to be due to a heart problem that warrants immediate attention.

Discomfort associated with or relieved by food, favors the esophagus or stomach as the cause. While easily said, discomfort from these organs can mimic that of the heart. Sometimes it’s simply hard to know.

So, this warning symptom, heaviness, squeezing, tightness, especially with exertion – is a reason to consider the heart as a cause. The same symptoms with associated sweating, weakness, dizziness and perhaps some nausea are reasons to be concerned that not only is the heart the cause but it could be a heart attack and a reason to call for help.

Fainting or Loss of Consciousness Spells

“What kind of doctor are you, anyway?” a first year medical student might ask when spending time with me.

Perhaps 30-40% of patients I see have, as their major symptom, a fainting episode or a near fainting episode.

“What do you think I am?”

“A neurologist?” giving me a quizzical look.

Actually, that’s a reasonable response. Neurologists also tend to see patients who have fainting or blackout spells that are unexplained – this is in part because one explanation for such spells is seizures, epilepsy or fits (all the same thing). But, more commonly, loss of consciousness is related to changes in the cardiovascular system and the heart.

“How many of you have ever had a loss of consciousness spell?” This time, I’m asking you the reader, or a large group of people in a conference room. Usually over one third will raise their hands. Others have probably had a spell but don’t raise their hands. It’s to make the point that such spells are very common and almost always are not serious. Still, occasionally, fainting can result from a significant heart abnormality. This concern is greatest if a faint (a blackout, syncope) occurs during or immediately after exercise, occurs in a person with known heart disease.

Most fainting is not due to a dangerous heart abnormality. Some people faint when they get very nervous, others when they stand up quickly after sitting or lying down for a long time. The feeling of a warm, stuffy, crowded room makes some people faint: a church commonly seems to fit this scenario. It probably would be wise to advise a physician if fainting does occur in those situations but, again, it is that which occurs with exertion or that occurs in individuals with known heart disease that is potentially dangerous.

Breathing Difficulty

While you may be surprised that even “people in the business,” care providers, have difficulty sorting out discomfort and fainting, you may more easily see why we have a hard time knowing when breathing difficulty is a warning sign. At least once a day, I’m short of breath from doing something – running up some stairs, getting to my car when I’m late for dinner (that explains the every day part). Since it is so common, it’s hard to know which breathing difficulty requires attention. Perhaps the best suggestion is to have a sense that the difficulty breathing has changed dramatically compared to a week or a month or a year ago, or that the breathing difficulty is so limiting or unusual that it just doesn’t make sense. If it is associated with increased difficulty in breathing when lying flat, the heart as a cause is more suspect. Many other conditions – apprehension, asthma, severe anemia, and other medical problems – can cause breathing difficulty. All are also reasons to seek medical advice, especially if the breathing difficulties are getting worse.

Fluttering in the Chest or Palpitations

“Wait a minute,” you might be saying, “isn’t this four?” Yes it is, but it isn’t part of a “big” anything – it isn’t part of the “big three.” Still, it is so common and occasionally can be a warning clue, and occasionally can be limiting. One explanation – actually, the most common explanation – for these symptoms is a change in the heart rhythm. By themselves, fluttering and palpitations are not a reason to have concern – in general, it’s when they are associated with any of the “big three” that medical attention is appropriate.

Changes in heart rhythm are often episodic – thus, may be difficult to document. A person may feel a symptom at home and by the time they are seen by a care provider, the rhythm is normal and the symptoms are gone. Often, this leads the medical profession to think that a person may simply be having anxiety spells. Now, of course, all of us are anxious much of the time and that may be true, but rhythm changes should be a consideration. Rhythm changes themselves can cause anxiety. Some describe the feeling as “palpitations” or “fluttering.” Some notice a “skipped beat.” Interestingly, this is usually not because of a pause in the heart rhythm but rather is due to an early beat that just results in the “skipped beat” feeling. Others note a “kerplunk” type of feeling or a “pounding” or “irregularity” and many are much more imaginative in their description than anything I’ve just said. An occasional fluttering or palpitation feeling is probably not a reason to seek medical attention – if associated with one of the “big three” or with severe lightheadedness or sweating spells, they deserve attention.

Laboratory Tests

Assuming that the symptoms are important, it’s reasonable to ask, “Is there anything else I should pay attention to?” Should tests be done? Generally, in most adults, care providers will check the blood pressure and are likely to check cholesterol levels. It is not clear how often this should be done. This author thinks a blood pressure check every twelve months and a cholesterol check every three to five years is appropriate. The media has lately been loaded with descriptions of new tests. One is the “CRP” – C-reactive protein. While it is of some use in selected patients known to have heart disease, it’s of little value in a person without symptoms.

Gender Bias?

“I am a woman,” you might be saying, or, “I am a man.” Does it make any difference when considering these symptoms? A reminder: women do get heart disease – it’s strange that we seemed to think otherwise so long. The heart disease develops about ten years later in life than in men. The warning symptoms are the same as they are in men. It’s often written that women have less typical symptoms. This is very difficult to assess, but in this author’s opinion, it is not true. Discomforts that are “not typical” for heart disease in women are just as “not typical” for heart disease in men. Symptoms that are very typical in one gender are just as typical in the other. Over the years, women have not received equal medical treatment. In this regard, they are different.

When Should You Call For Help – in a Hurry?

The difficulty, fear, anxiety of calling for help – not wanting to “cry wolf,” not wanting to “inconvenience” someone, along with uncertainty about the meaning of a symptom, all result in delays. If the symptoms fit at all those described for a “heart attack,” call 911 immediately. If ambulance service is not available, ask family and friends – don’t drive yourself. If a fainting spell is followed by residual symptoms or is repetitive, or if breathing difficulty is severe, urgent hospital evaluation is appropriate.

In summary, all of you know that heart disease is common. It also can be dangerous. Even without symptoms, the health habit recommendations seem appropriate to help prevent it – no smoking(!), regular exercise, a well-balanced diet, avoiding foods high in cholesterol and saturated fats – e.g. the fried foods similar to those often served in fast food restaurants. Hopefully, this approach will prevent heart disease and your need to ever pay attention to symptoms but if symptoms occur, those that should catch your attention are: chest discomfort, fainting and breathing difficulty. ☺