“No,” say Lister Hill Scholars Catarina Kiefe, Jeroan Allison, Robert Centor, Norman Weissman and their colleagues. “Chest pain has been reported as a cardinal clinical feature in patients who present with acute coronary syndromes, including unstable angina and myocardial infarction. However, little is known regarding the prevalence of atypical presentation and its relationship to subsequent care. The purpose of this analysis was two-fold: to determine the proportion of patients admitted with unstable angina, but who presented with atypical symptoms and to ascertain the relationship between presenting symptoms and its influence on process of care.

To examine these issues, the researchers analyzed medical records of 4,167 Medicare patients hospitalized with a confirmed diagnosis of unstable angina between 1993 and 1999. Atypical presentation was defined as confirmed unstable angina with the absence of the chest pain considered typical for heart disease. Presenting symptoms, process of care indicators, complications and mortality were analyzed for all records.

The results indicated that over half of the patients, 51.7%, presented with atypical symptoms, with women and the elderly at slightly greater risk for atypical presentation. These patients were significantly less likely to receive early aspirin, heparin, or beta-blocker therapy or to be admitted with a definite diagnosis of unstable angina. The predominant symptoms of these patients included shortness of breath, nausea, sweating and pain or discomfort in areas other than the chest. No difference in mortality rates was found.

“With over half of the patients presenting with atypical symptoms, it may be time to redefine the classic presentation of unstable angina to include atypical presentation. This expanded definition will help to ensure appropriate quality of care. It is possible that many clinicians may already recognize many of the symptoms associated with atypical presentation of unstable angina, which may account for only small differences in appropriate medication and no difference in mortality between groups. National education initiatives which expand the classic definition are needed. This will help ensure early identification and treatment for patients who present with atypical symptoms.”