

What is Angina?

Angina, otherwise known as angina pectoris, is a symptom of insufficient blood flow to the heart muscle. The heart muscle needs blood to pump efficiently. When the heart does not get enough blood to do the work required of it, various types of uncomfortable or painful symptoms can arise. We call this pain or discomfort "angina".

One of the problems for angina sufferers is that internal organs or viscerae (such as the heart, lungs, bowels and kidneys) are very poor at letting the brain know what is happening. This is because the body did not evolve a system for dealing with problems with these organs. In other words, our innards do not have built-in 'warning pathways'. Few people know this and it is not surprising that patients and their families often make major false assumptions that angina means something very bad is happening. Most patients and carers are understandably anxious. Angina is bad enough on its own, but confusion and fear can make matters much worse.

The word angina itself comes from a Latin term meaning 'choking' or 'suffocating'. Pectoris is the medical term for chest.

Angina symptoms can vary from person to person and sometimes from episode to episode. Some symptoms of angina include:

- a pressure sensation in the chest, shoulders, arms or jaw
 - a feeling of indigestion
 - light headedness, dizziness or sweating, especially on exertion
 - a 'squeezing' feeling in the chest, shoulders, arms or jaw
- a vague feeling of discomfort

Angina symptoms can sometimes be brought on by exercise, exertion, stress or fatigue. They may get better with rest, but you still need to see your Doctor about them!

Chronic refractory angina (also known as stable angina):

- Most heart specialists agree that there is a subgroup of stable angina patients where standard treatment hasn't worked and where other treatments are unlikely to help.
- Usually the patient has had several drugs and has undergone one or more cardiac procedures. This is what most doctors think of as refractory angina.
- The current UK national chronic refractory angina guideline group's definition of chronic refractory angina is, "Chronic stable angina that persists despite optimal (best possible) medication and when revascularisation (another operation) is unfeasible or where the risks are unjustified."
- Many sufferers are stable, with no deterioration in the long term. However they suffer worrying, and often debilitating, episodes of pain which interrupt their lives and activities.

Treatment

- Self-help (diet, exercise)
- Psychological techniques (CBT, relaxation)
- Rehabilitation
- Drugs, including opioids
- Stimulation techniques (TENS, acupuncture, spinal cord stimulation)
- Injections such as stellate ganglion block
- Further surgery

It is generally agreed that the patient needs to be thoroughly assessed in an holistic manner. The doctor needs to understand how the condition affects the patient and their family. If this approach is not undertaken, the doctor can easily overlook the fact that demystifying the condition can significantly improve things for the patient.

The patient needs to be educated about the condition and the risks and benefits of possible treatments. If this is done properly it usually reduces anxiety. Patient education is a time-consuming process that is mainly only available at specialist patient-centred angina clinics, where patients learn how to work with their therapists to get the best out of life.

Getting the best out of life generally involves learning stress management techniques, how to get fit and stay fit, changing to a healthy diet and getting on the right combination of drugs (note: optimising drugs doesn't necessarily mean taking more tablets. Patients who follow such a program are often able to take fewer drugs).

During an education programme, the pros and cons of the various treatments are discussed. This means that patients are in the best position to work with the clinical team to choose what to try next, if anything.

Most patients who have completed these educational programmes say their new knowledge has enabled them to take back control. For many, especially patients and carers who wrongly believed angina was damaging their heart and those who were living on a knife edge, angina becomes a "nuisance" that they have learned how to manage. Many have a significantly better quality of life and get by with less medication.