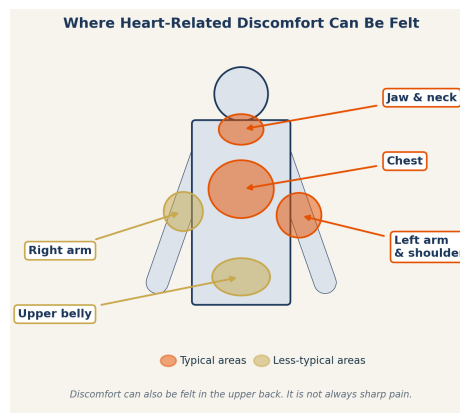


Understanding Chest Pain & Its Equivalents

Chest pain, the symptoms that act like it, and how we find the cause

When in doubt, call 911. In a heart attack, minutes save heart muscle.



Online: <https://go.riasalimd.com/chest-pain-guide>

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Names & Terms You Will Hear

Term	Meaning
Angina (angina pectoris)	Chest discomfort that happens when the heart muscle is not getting enough blood. It often feels like pressure or tightness, not sharp pain.
Anginal equivalent	Heart-related symptoms with little or no chest pain - such as shortness of breath, unusual tiredness, nausea, or jaw or arm discomfort.
Stable angina	Chest discomfort that follows a predictable pattern. It comes on with effort or stress and eases with rest.
Unstable angina	Chest discomfort that is new, happens at rest, or is getting worse. It is a warning sign and needs urgent care.
Acute coronary syndrome (ACS)	An umbrella term for a sudden, dangerous drop in blood flow to the heart. It includes unstable angina and heart attack.
Heart attack (myocardial infarction, MI)	Heart muscle is damaged because a blocked artery cuts off its blood supply.
STEMI and NSTEMI	Two types of heart attack, sorted by the pattern on the ECG and blood tests. A STEMI usually means a fully blocked artery; newer thinking also looks at whether the artery is blocked - see OMI below.
OMI (occlusive MI)	A newer way of looking at heart attacks. 'Occlusive' means fully blocked. It asks whether a heart artery is fully blocked and needs to be opened right away - even when the ECG does not show the classic STEMI pattern.
Atypical chest pain	An older term for symptoms that do not fit the 'classic' pattern. Doctors now prefer to say cardiac, possibly cardiac, or noncardiac instead.
Aortic dissection	A tear in the wall of the body's main artery, the aorta. It can cause sudden, severe, tearing pain.
Pulmonary embolism (PE)	A blood clot that travels to an artery in the lung. It can cause chest pain and sudden shortness of breath.



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Term	Meaning
Cardiac / possibly cardiac / noncardiac	How the care team labels chest pain after an exam - is the heart the likely cause, a possible cause, or not the cause.
Troponin	A blood test that rises when heart muscle is injured. It is often repeated a few hours apart.

Call 911 now if you have chest pressure, tightness, or pain that lasts more than a few minutes - or that goes away and comes back. Call right away if it comes with shortness of breath, a cold sweat, nausea, or pain spreading to the arm, jaw, neck, or back. **Do not drive yourself.** An ambulance can start treatment immediately and can act fast if the heart stops.

Remember: the heart can be the problem even without chest pain. A heart issue can show up as shortness of breath; discomfort in the jaw, neck, arm, or upper back; nausea; a cold sweat; or sudden, unusual tiredness - with little or no chest pain. These are called **chest-pain equivalents**. They are easy to miss, and are more common in women, older adults, and people with diabetes. When in doubt, get checked.



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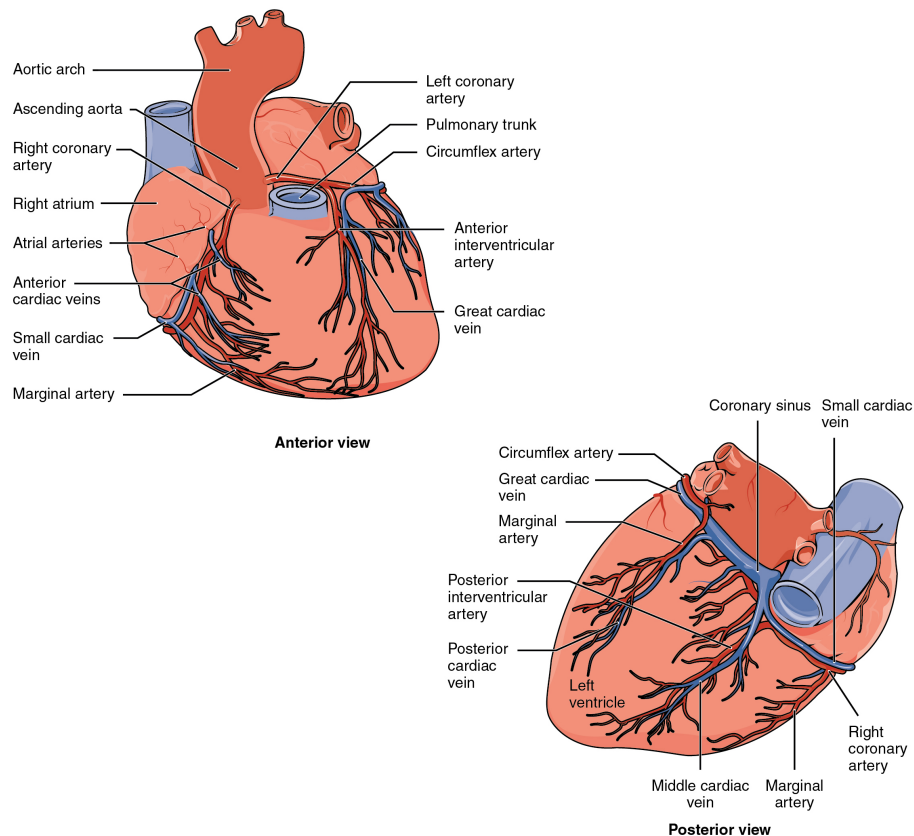
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What Is Chest Pain & Its Equivalents?

- Chest pain is a symptom, not a diagnosis. It has many causes. Some are harmless, and some are life-threatening.
- It does not always feel like 'pain.' Many people feel pressure, squeezing, tightness, heaviness, or burning.
- Heart-related discomfort can be felt outside the chest - in the arm, shoulder, jaw, neck, back, or upper belly.
- Pain that comes with effort and eases with rest often points to the heart's arteries. New or severe pain at rest is more concerning.
- Some serious heart problems cause no chest pain at all. Shortness of breath or sudden tiredness can be the only sign.
- You cannot safely tell at home whether chest pain is dangerous. When in doubt, get it checked.



The coronary arteries wrap around the heart and supply its muscle with blood. A blockage in one of them is a common cause of chest pain. (OpenStax Anatomy & Physiology, CC BY 4.0.)



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Heart Trouble Can Show Up Without Chest Pain

These 'chest-pain equivalents' can be the only warning sign.

 Shortness of breath New or worse trouble breathing, even with light effort.	 Jaw, neck, or arm pain Aching or pressure that spreads beyond the chest.	 Nausea Feeling sick to the stomach, sometimes with vomiting.	 Cold sweat Breaking out in a sweat for no clear reason.	 Sudden tiredness Unusual exhaustion that comes on quickly.
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More common in women, older adults, and people with diabetes - when in doubt, get it checked.

A heart problem can show up without chest pain. Any of these can be the only warning - and they are easy to miss.

Anginal Equivalents - Heart Symptoms Without Chest Pain

- Shortness of breath with effort, when it is new or worse than usual.
- Unusual or sudden tiredness, even with light activity.
- Nausea, a sick stomach, or a cold sweat.
- Discomfort in the jaw, neck, arm, shoulder, or upper back.
- Lightheadedness or feeling faint.
- These can be the only sign of a heart problem - especially in women, older adults, and people with diabetes.



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Why It Matters

- In a heart attack, heart muscle is dying minute by minute. Fast treatment saves muscle and saves lives. We call this 'time is muscle.'
- Many heart-attack deaths happen before the person reaches a hospital, often from a sudden dangerous heart rhythm called cardiac arrest.
- Three causes of chest pain are immediately life-threatening: a heart attack, a tear in the aorta, and a large blood clot in the lung.
- Calling 911 is safer than driving. The ambulance team can start treatment, do an ECG, and act fast if the heart stops.
- For many heart attacks, opening the blocked artery early lowers the risk of death and serious complications.

Time Is Muscle: From Symptoms to an Opened Artery



The risk of cardiac arrest is highest in the first hours - which is why an ambulance, not a car, is the safe choice.

Calling 911 starts the clock toward opening the blocked artery. The sooner the artery is opened, the less heart muscle is lost.



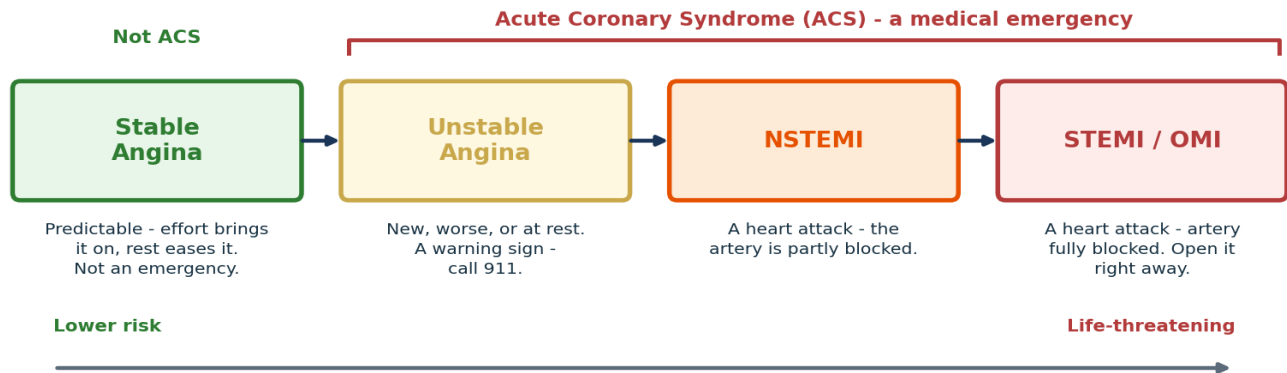
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The Angina Spectrum: From Stable Angina to a Heart Attack



Chest-pain conditions sit on a spectrum. The three on the right make up acute coronary syndrome - a medical emergency.

Why Minutes Matter - and What 'Early Invasive' Means

- In a heart attack, heart muscle dies the longer an artery stays blocked. Opening it quickly saves muscle.
- For a major heart attack, going quickly to the cath lab to open the artery is called an early invasive strategy.
- The first hours carry the highest risk of cardiac arrest, when the heart can suddenly stop.
- An ambulance crew can give early treatment and can use a defibrillator to restart the heart - a car cannot.
- This is why calling 911 is the single most important step you can take.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Known heart disease, or a past heart attack or stent	A heart that has had artery trouble before is more likely to have it again.
Diabetes	Diabetes can dull the warning pain, so a heart attack may feel mild or be 'silent.'
Older age	In older adults the symptoms are more often vague - tiredness, confusion, or breathlessness instead of chest pain.
Family history of early heart disease	Heart disease in a parent or sibling at a young age raises your own risk.
Smoking, high blood pressure, or high cholesterol	Each one damages arteries over time and speeds up plaque buildup.
Being a woman	Women more often have symptoms other than chest pain, and their heart risk is more often missed.
Cocaine or other stimulant use	Stimulants can trigger artery spasm or a heart attack, even in young people.



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Three Emergencies That Cause Chest Pain - and Their Warning Signs

Emergency	How it often feels	Other warning signs	First tests
Heart attack	Pressure or tightness in the chest, often spreading to an arm or the jaw	Cold sweat, nausea, shortness of breath	ECG and troponin blood test
Torn aorta (dissection)	Sudden, severe tearing or ripping pain, often felt in the back	Very different blood pressure in the two arms; fainting	CT scan of the chest
Lung clot (pulmonary embolism)	Sharp chest pain, often worse with a deep breath	Sudden shortness of breath, fast heartbeat, coughing up blood	CT scan of the lung arteries; D-dimer blood test
Other serious causes	Varies - a collapsed lung, a tear in the swallowing tube, or swelling around the heart	Depends on the cause	Chest X-ray, ECG, and exam guide the next test



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Chest Pain Can Look Different - Special Groups

- Women more often have nausea, shortness of breath, or back and jaw discomfort. A tear in a heart artery, called SCAD, is an important cause in younger women.
- Older adults often have vague symptoms - confusion, weakness, or breathlessness rather than chest pain.
- People with diabetes may feel little pain, so a heart attack can be mild or 'silent.'
- Young people can still have artery spasm, a blood clot, a torn artery, or a stimulant-related heart attack.
- A strong family history of early heart disease is a reason to take symptoms seriously and be checked sooner.

How the Care Team Sizes Up the Risk

Lower risk	Intermediate risk	Higher risk
• A serious heart cause is unlikely • Often safe to test as an outpatient • The team still confirms before reassuring you	• A heart cause cannot be ruled out yet • Usually needs blood tests and more checks • Often watched in the hospital for a few hours	• A dangerous cause is likely • Needs urgent treatment, not more waiting • May go straight to the cath lab to open an artery



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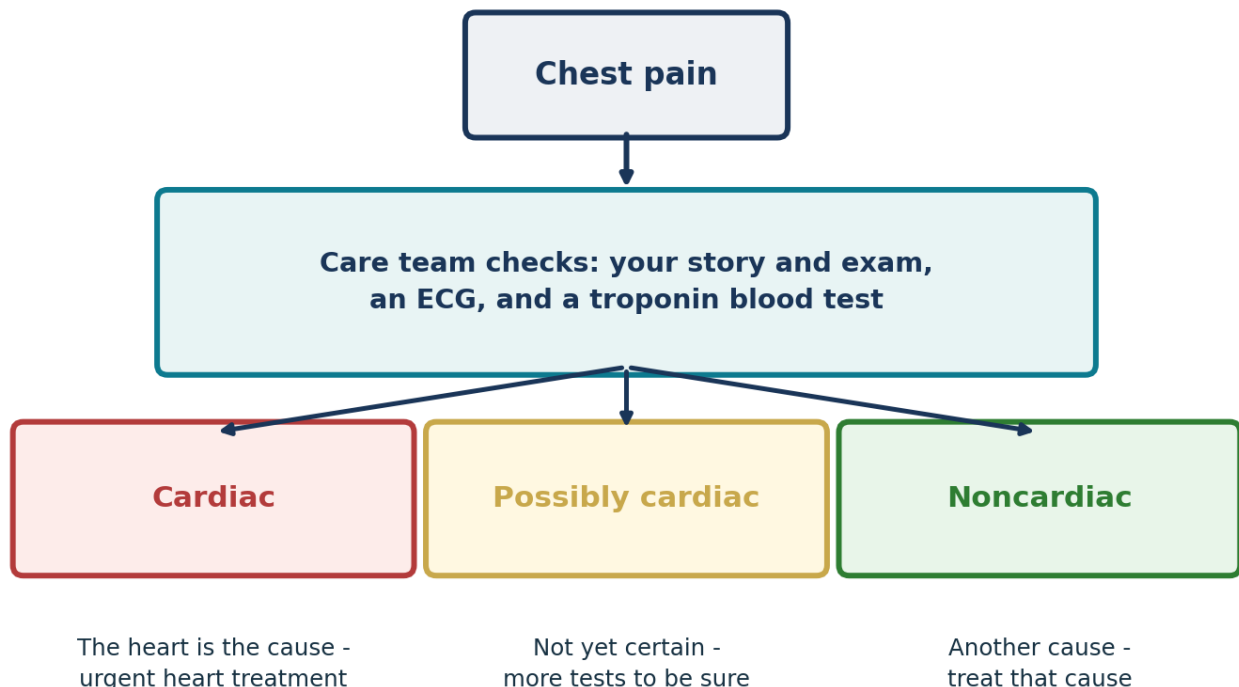


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Treatment Options

- Life-threatening causes are treated right away. For a heart attack, that means quickly opening the blocked artery.
- Lower-risk, stable chest pain is usually checked with tests over time, often as an outpatient.
- The goal of the workup is to sort chest pain into cardiac, possibly cardiac, or noncardiac - then treat the cause.
- If a specific heart condition is found, care continues with treatment aimed at that condition.
- We have separate guides for several causes, including coronary artery disease, coronary vasospasm, and pulmonary embolism.

Sorting Chest Pain: Cardiac, Possibly Cardiac, or Noncardiac



After an exam, an ECG, and blood tests, the care team sorts chest pain into cardiac, possibly cardiac, or noncardiac - and that decides what happens next.

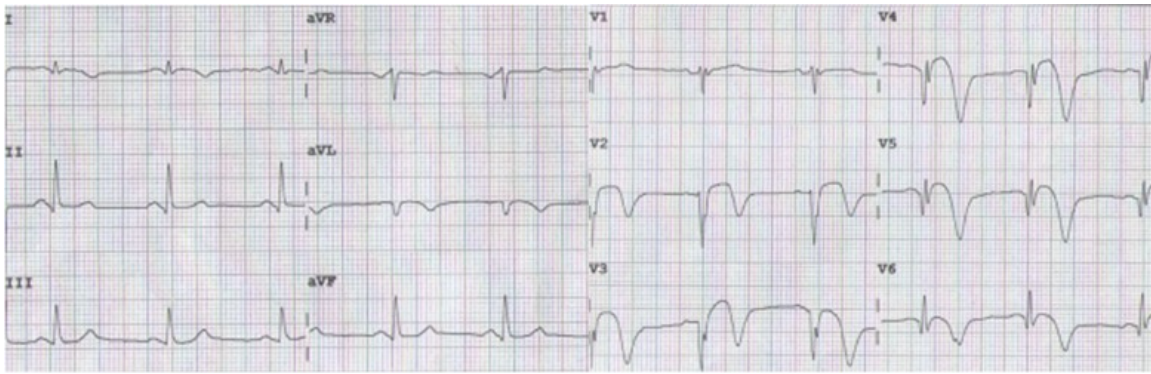


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A real 12-lead ECG from a heart-attack patient, recorded the day after admission. Deep T-wave inversions across leads V2-V6 show how ischemic changes evolve over time - one reason the care team often repeats the ECG rather than relying on a single normal tracing. Image: Qu, Tao & Liu, BMC Cardiovascular Disorders 2019 (CC BY 4.0).



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Tests Used for Stable Chest Pain

Test	What it shows	When it is used
Echocardiogram (heart ultrasound)	The heart's structure and how well it pumps	A common first look at the heart
Exercise ECG (treadmill stress test)	Whether the heart shows strain during effort	For people who can exercise and have a lower-risk picture
Stress echocardiogram	Heart wall motion before and after stress	Stress is done by exercise, or by medication if you cannot exercise
Nuclear stress test (SPECT or PET)	Blood flow to the heart muscle under stress	By exercise, or by medication if you cannot exercise
Coronary CT scan (CCTA)	Pictures of the heart's arteries and any plaque or narrowing	Often a first choice for new chest pain at low-to-intermediate risk
Cardiac MRI (CMR)	Detailed images of the heart muscle and its blood supply	For specific questions about the muscle, or unclear cases



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Cardiac, Possibly Cardiac, or Noncardiac - How the Team Decides

- The team weighs your story, the exam, the ECG, and the troponin blood test together.
- They may use a scoring tool - such as the HEART, GRACE, or TIMI score - to estimate risk. These scores are tools the care team uses, not a self-test.
- Stable angina follows a predictable pattern with effort. Unstable angina is new, worse, or at rest. A heart attack means heart muscle has been injured.
- Noncardiac causes are common - muscle strain, acid reflux, anxiety, and lung problems among them.
- A noncardiac label is a conclusion the team reaches after checking - not something to assume on your own.



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Treatment Depends on the Cause - and Where to Read Next

- Chest pain is a symptom, not a diagnosis - the right treatment depends entirely on what is causing it.
- Once the cause is known, care is aimed at that cause. We have a separate, dedicated guide for each major one.
- Blocked heart arteries: see the [Coronary Artery Disease guide](#).
- Artery spasm: see the [Coronary Vasospasm guide](#).
- A heart-rhythm problem: see the [Atrial Fibrillation guide](#).
- A blood clot in the lung: see the [Pulmonary Embolism guide](#).
- Inflammation around the heart: see the [Pericarditis guide](#).
- Noncardiac causes such as acid reflux, muscle strain, or anxiety are treated differently, sometimes with another specialist.

Most chest pain is not a heart attack. Muscle strain, acid reflux, anxiety, and lung problems are all common causes. But because the dangerous causes can look mild, the safe move is always to let the care team sort it out - not to guess at home.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Calling 911 for sudden or severe chest pain	You may be checked and sent home if it is not serious. An ambulance trip has a cost.	If it is a heart attack or other emergency, fast care saves heart muscle and lives. Treatment can start on the way.	Driving yourself or waiting - both are unsafe when the cause could be dangerous.
Early invasive strategy (angiogram, often with a stent) for higher-risk ACS	Small risks from the procedure: bleeding, blood vessel injury, a dye reaction, and rarely stroke.	Finds and opens the blocked artery early, which lowers death and complications in higher-risk patients.	A 'treat with medicines first' approach, used for lower-risk patients.
Noninvasive stress testing for stable chest pain	A normal result does not rule out every problem. An unclear result may lead to more tests.	Shows whether the heart lacks blood flow during effort, without entering the body.	A coronary CT scan (CCTA), which pictures the heart's arteries directly.
Hospital observation with repeated blood tests, instead of going straight home	Observation takes time and has a cost. Going home too soon could miss a slow-developing problem.	Repeated troponin blood tests over a few hours can safely confirm whether the heart is injured.	Outpatient follow-up testing, when the team judges the risk to be low.



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Common Misconceptions

Myth	Reality
Chest pain always means a heart attack.	Most chest pain is not a heart attack. But some is - and you cannot tell for sure on your own. That is why it should be checked.
A heart attack always means crushing pain and collapsing.	Many heart attacks are mild or slow, or cause no chest pain at all. Some people just feel short of breath, tired, or sick to the stomach.
Women and men have the same heart-attack symptoms.	Women more often have nausea, shortness of breath, unusual tiredness, or back and jaw discomfort - and their heart risk is more often missed.
A normal ECG means my heart is fine.	One normal ECG does not rule out a heart problem. The team often needs blood tests and repeat ECGs over a few hours.
I am too young or too fit for this to be my heart.	Younger and active people can still have artery spasm, a torn artery, a lung clot, or a heart attack.
Antacids relieved it, so it was not my heart.	The heart can cause burning that feels like heartburn. Feeling better after antacids does not prove the cause is safe.
I should drive myself, or have someone drive me, to the ER.	Call 911. The ambulance can begin treatment right away and can restart the heart if it suddenly stops.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Heart muscle damage and heart failure	When a heart attack is not treated fast, more muscle is lost. The heart can become permanently weaker, which leads to heart failure.
Dangerous heart rhythms and cardiac arrest	A heart attack can trigger very fast, unstable rhythms. These can stop the heart suddenly - the main cause of death before reaching a hospital.
A torn aorta that ruptures	If a tear in the aorta is missed, the artery can burst or block blood flow to the brain or organs. This is rapidly life-threatening.
Strain on the right side of the heart	A large clot in the lung makes the right side of the heart work much harder, and it can begin to fail.
Worse outcomes from delay	The longer a serious cause goes untreated, the larger the damage and the harder the recovery. Early care leads to better results.



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Points to Know

If you remember nothing else, remember these key points.

- New, severe, or lasting chest pain - call 911. Do not drive yourself.
- Chew an aspirin only if 911 or your clinician tells you to.
- Heart symptoms are often not 'chest pain' - breathlessness, jaw or arm pain, nausea, a cold sweat, or sudden tiredness all count.
- Women, older adults, and people with diabetes more often have these less-typical symptoms.
- One normal ECG or one normal blood test does not fully rule out a heart cause.
- Tell the team about any past heart disease, family history, and any stimulant or cocaine use.
- In a heart attack, minutes matter. Time is muscle.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Chest pressure, tightness, or pain that lasts more than a few minutes, or that goes away and comes back - call 911.
- Chest pain with shortness of breath, sweating, nausea, or pain spreading to the arm, jaw, neck, or back - call 911.
- Sudden, severe tearing or ripping pain in the chest or back - call 911. This can be a torn aorta.
- Sudden shortness of breath with chest pain, or coughing up blood - call 911. This can be a lung clot.
- Chest pain with fainting, near-fainting, or a racing or irregular heartbeat - call 911.
- New chest discomfort that comes with effort and eases with rest - call us the same day.
- Questions about test results or your follow-up plan - call our office.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [American Heart Association - Warning Signs of a Heart Attack](#) - Plain-language list of heart-attack warning signs, including the less-typical ones.
- [MedlinePlus - Chest Pain](#) - US National Library of Medicine overview of the many causes of chest pain.
- [Mayo Clinic - Chest Pain](#) - Symptom-focused overview of chest pain and when to seek care.
- [ACC CardioSmart - Chest Pain](#) - Patient education from the American College of Cardiology.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain \(Gulati et al., Circulation 2021; PMID 34709879\) \[Guideline\]](#)
Primary framework: the cardiac / possibly cardiac / noncardiac classification, the diagnostic testing pathways (ECG, troponin, CCTA, stress imaging), and the recommendation to retire the ambiguous term 'atypical'.
- [2014 AHA/ACC Guideline for the Management of Patients With Non-ST-Elevation Acute Coronary Syndromes \(Amsterdam et al., Circulation 2014; PMID 25260718\) \[Guideline\]](#)
Risk stratification in ACS and the rationale for an early invasive strategy in higher-risk patients.
- [2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction \(O'Gara et al., Circulation 2013; PMID 23247304\) \[Guideline\]](#)
STEMI care, time-to-treatment ('time is muscle'), and primary PCI to open the blocked artery.
- [A Prospective Validation of the HEART Score for Chest Pain Patients at the Emergency Department \(Backus et al., Int J Cardiol 2013; PMID 22835466\) \[Clinical Study\]](#)
Validation of the HEART score as a clinician risk-stratification tool for emergency-department chest pain.
- [American Heart Association - Warning Signs of a Heart Attack \[Patient Education\]](#)
Plain-language warning signs, including the less-typical symptoms and the call-911 message.
- [MedlinePlus - Chest Pain \[Patient Education\]](#)
US National Library of Medicine plain-language overview of the many causes of chest pain.
- [Mayo Clinic - Chest Pain \[Patient Education\]](#)
Symptom-focused overview of chest pain and guidance on when to seek emergency care.



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About This Guide

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Reviewer note: Reviewed against the AHA heart-attack warning-signs page, MedlinePlus, and the Mayo Clinic chest-pain page. Ours adds: a Big-3 emergency differential table (heart attack, torn aorta, lung clot), a plain-language risk-tier guide, the anginal-equivalent and special-population symptom patterns, a 'time is muscle' timeline, and a clear map of the cardiac / possibly cardiac / noncardiac workup.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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