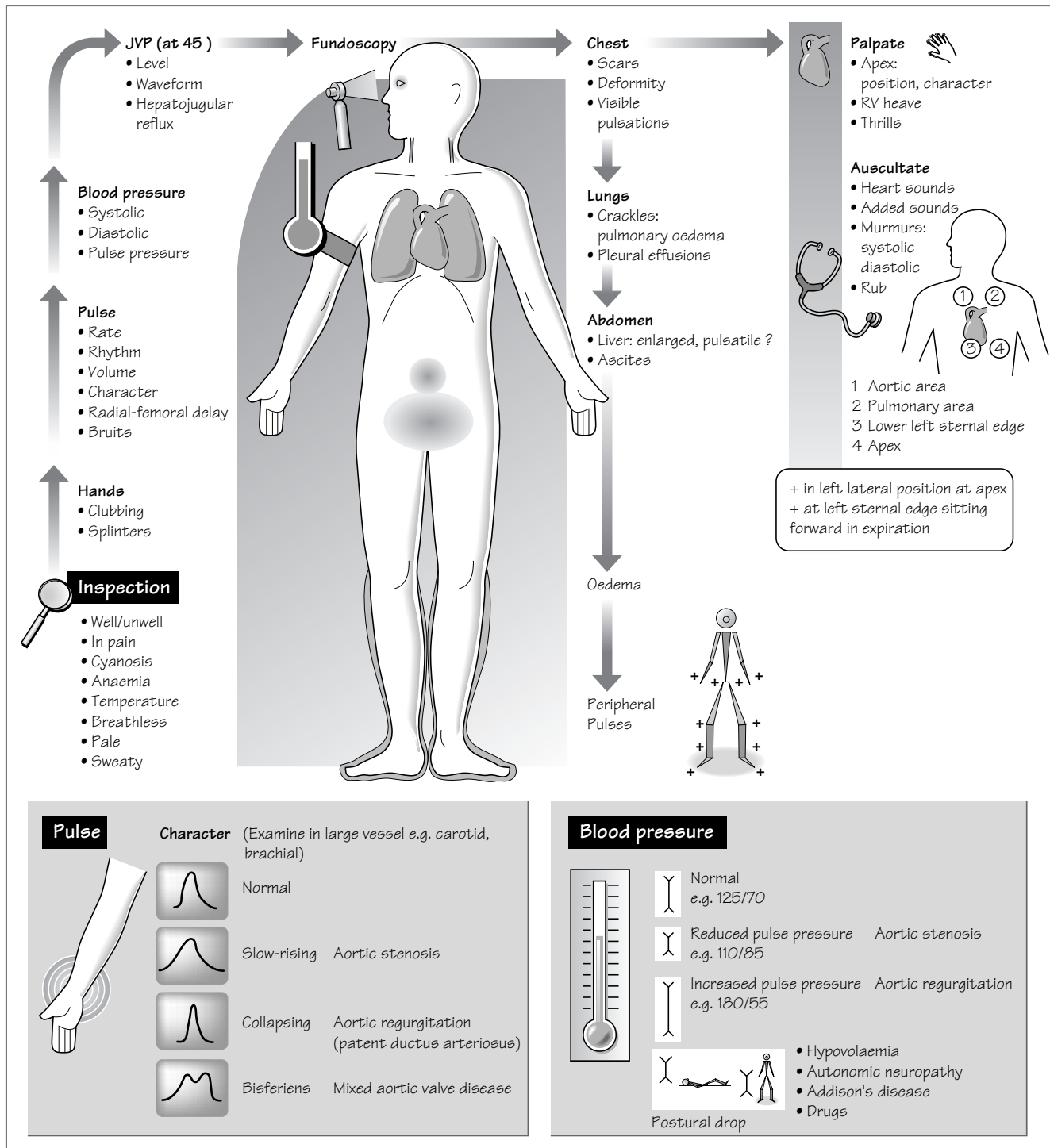


# 8 The cardiovascular system



## History

Diseases affecting the cardiovascular system can present in a variety of ways:

- chest pain;
- breathlessness;
- oedema;
- palpitations;
- syncope;
- fatigue;
- stroke;
- peripheral vascular disease.

### Chest pain

What is the pain like? Where is it?

Where does it radiate to?

What was the onset? Sudden? Gradual? What was the patient doing when the pain started?

What brings it on?

What takes the pain away?

How severe is it?

Has the patient had it before?

What else did the patient notice? Nausea? Vomiting? Sweating? Palpitations? Fever? Anxiety?

Cough? Haemoptysis?

What did the patient think it was/is?

### *Cardiac ischaemia*

'Classically' this is central chest pain with radiation to the left arm, both arms and/or jaw (however, it is often 'atypical'). It can be described as pressure, heaviness or as an ache. It is of gradual onset, perhaps precipitated by exertion, cold or anxiety. It can be alleviated by rest, GTN.

MI may additionally have nausea, sweating, vomiting, anxiety (even fear of imminent death).

### *Pericarditis*

This is central pain, sharp, with no relation to exertion. It may alleviate on sitting forward. It can be exacerbated by inspiration or coughing.

### *Pleuritic pain*

This is a sharp pain exacerbated by respiration, movement and coughing.

### Breathlessness

Breathlessness due to cardiac disease is most usually due to pulmonary oedema.

The breathlessness is more prominent when lying flat (orthopnea) or may present suddenly in the night (PND) or be present on minimal exertion.

It may be accompanied by cough and wheeze and, if very severe, frothy pink sputum.

### Oedema (swelling, usually due to fluid accumulation)

Peripheral oedema is usually dependent, commonly affecting the legs and the sacral area. If it is very severe, more widespread oedema can occur.

### Palpitations

There may be a sensation of the heart racing or thumping. Establish provocation, onset, duration, speed and rhythm of the heart rate, and the frequency of episodes. Are the episodes accompanied by chest pain, syncope and breathlessness?

### Syncope (sudden, brief loss of consciousness)

Syncope may occur as a result of tachyarrhythmias, bradycardias or, rarely, exertion induced in aortic stenosis (it is also seen in neurological conditions such as epilepsy).

What can the patient remember? What were they doing?

Were there palpitations, chest pain or other symptoms?

Was the episode witnessed? What do the witnesses describe?

(Was there pallor, cyanosis, flushing on recovery, abnormal movements?)

Was there tongue biting, urinary incontinence? How quickly did the patient recover?

### Past medical history

Ask about risk factors for IHD (smoking, hypertension, diabetes, hyperlipidaemia, previous IHD, cerebrovascular disease or PVD).

Ask about rheumatic fever?

Ask about recent dental work (infective endocarditis)?

Any known heart murmur?

Any intravenous drug abuse?

### Family history

Any family history of IHD, hyperlipidaemia, sudden death, cardiomyopathy or congenital heart disease?

### Social history

Does or did the patient smoke?

What is the patient's alcohol intake?

What is the patient's occupation?

What is the patient's exercise capacity?

Any lifestyle limitations due to disease?

### Drugs

Ask about drugs for cardiac disease and drugs with cardiac side-effects.