Emergency Department Physician Attitudes, Practices, and Needs Assessment for the Management of Patients with Chest Pain Secondary to Anxiety and Panic

J. Austin Lee, MPH. Third-year Medical Student
Indiana University School of Medicine
Indiana University-Purdue University Indianapolis

Paul I. Musey Jr, MD. Assistant Professor of Clinical Emergency Medicine
Indiana University School of Medicine
Indiana University-Purdue University Indianapolis

Background
Chest pain is a common medical complaint, accounting for 7 million annual visits to US Emergency Departments (EDs) [1]. Most research and clinical resources are focused on the management of the life-threatening acute coronary syndrome (ACS); however, about 80% of all patients presenting to EDs with chest pain do not have a cardiopulmonary emergency [2-4]. Non-ACS chest pain can be caused by anxiety or a panic disorder, and such etiologies remain undiagnosed in almost 90% of cases, and frequently have worse outcomes [5-9].

Objective and Methods
The study objective was to assess ED physician’s attitudes, practices, and needs in managing chest pain related to anxiety and panic. A REDCap survey of 15 Likert-style questions was constructed using expert consensus to ensure content validity then administered to all faculty and resident physicians in the IU Department of Emergency Medicine (113 individuals, 65.5% response-rate).

Results
ED providers believe a significant proportion (31.5%) of patients with chest pain at low risk for ACS are due to panic/anxiety. Providers give such patients instructions on how to manage their panic/anxiety only 34.8% of the time, while even fewer (19.0%) make a diagnosis of anxiety or panic disorder in their documentation. Most providers (77.0%) would welcome a narrative to aid in discussing anxiety/panic as a cause of chest pain and nearly all (85.1%) would find it helpful to have specific clinic information available to aid in follow-up.

Conclusions
A significant number of ED patients with chest pain are likely due to anxiety, and a majority of physicians report not having the resources necessary to manage these patients. Further work to develop relevant resources would aim to improve provider confidence in treating these patients, and would hope to improve management of anxiety or panic as a cause of chest pain in the ED.
Citations