

PS2.305

Prevalence and impact of anxiety disorders in primary care patients presenting with chest pain: an Asian perspective

Sinead Wang(1), MK Chau(1), J Tan(1), ND Togeman(1), XY Tan(1), I Kiamel(1), NM Yusof(1), ER Chris(1), PL Chia(1), S Sung(3), T Chua(2), NC Tan(1)

(1) SingHealth Polyclinics, Family Medicine, Singapore

(2) National Heart Centre, Cardiology, Singapore

(3) Duke-NUS, Graduate Medical School, Singapore

Corresponding author: Dr Sinead Wang, SingHealth Polyclinic, Family Medicine, SINGAPORE, Singapore. E-mail: sinead.wang.zhen@singhealth.com.sg

Background & Aim: Chest pain and anxiety disorders are commonly encountered by the family physician. Anxiety disorder is a risk factor for coronary artery disease (CAD). On the other hand, patients with anxiety disorders may present with atypical chest pain, presenting a diagnostic dilemma. We aimed to assess the prevalence and impact of anxiety disorders in our Asian primary care cohort presenting with chest pain.

Method: Consecutive patients from 9 primary care clinics referred to a tertiary unit for evaluation of chest pain from Jul 2013 to Sep 2015 were prospectively recruited. Anxiety disorders were evaluated by interviewer-administered questionnaires, adapted from the anxiety module of the Patient Health Questionnaire (PHQ), and the Generalized Anxiety Disorder 7-item scale (GAD-7). GAD was defined as a GAD-7 score of 10 and above. Panic disorder was defined according to the diagnostic algorithm for the PHQ module. Significant coronary artery disease was defined as $\geq 50\%$ stenosis on coronary angiography (computed tomography or actual) or a positive functional test with confirmatory clinical correlation by a cardiologist.

Results: A total of 507 (249 male, 55.9 ± 11.1 age, 416 Chinese) patients were included in the analysis. Fifty-seven (11.2%) patients were found to have CAD. The overall prevalence of anxiety disorders was 20.7% (n=105); 19.1% GAD (n=97) and 3.9% panic disorder (n=20). Amongst patients with GAD, 6.2% had CAD compared to 12.5% in those without GAD (p=0.078). In patients with panic disorder, 5% had CAD compared to 11.5% in those without panic disorder (p=0.367). On multivariate analysis, both GAD and panic disorders had no significant correlation with CAD in this cohort of patients presenting with chest pain (p>0.05).

Conclusion: In our Asian primary care cohort presenting with chest pain, anxiety disorders (GAD and panic disorder) were prevalent at about 20.7%. However, these anxiety disorders did not predict for CAD.