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Chest pain patient management, two ways-ticket. From family doctor to hospital and back, between guidelines and clinical practice

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Background & Aim: This workshop with panelists specialised both in primary medicine and hospital specialities, is reviewing the major causes of chest pain, and proposing an alghoritm for assessing the patient with chest pain of recent onset, in the primary practice, in association with the specialists in the hospital. The patient with chest pain is often the prisoner of the medical system, and to increasing general knowledge about medicine, most of the times incompleate and misleading, wasting precious time and delaying a proper management. As we have seen in registries from Romania, about 90% of the chest pain in the primary care is considered of non-cardiac cause, while the cardiologists in the outpatients clinics see about 90% of chest pain cases as beeing of cardiac cause. This increses the burden upon the familiy doctor for a better discrimination of the cause of chest pain.
Method: It is mainly the role of the primary medicine, as the family doctor is the first and the most important link in the chain, to assess the patient, to have a general vue and to integrate the clinics and paraclinics of the patient with chest pain, and to have proper referrals to the specialists clinics, for an accurate and precocious diagnosis and management. The point of utmost importance in assessing a patient with recent chest pain is to exclude the most severe and frequent causes of recent chest pain, like ischaemic heart disease, lung disease. We suggest an approach by quantifying the chest pain altogether with risk factors, age, sex and medical history, in order to document or rule out any chest pain of coronary cause, as seen in the NICE guidelines. According to this quantification, patients with chest pain will be properly referred to the right outpatient clinic, or managed in the primary care accordingly.