Cardiovascular History Taking

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Overview

- Patient details
- Presenting Complaint
- History of Presenting Complaint
- Past Medical History
- Medications
- Family History
- Social History
Presenting complaint

• Usually ask the patient: *What problems brought you to the doctors today? How can I help you?*

• Ask open-ended questions (*e.g. Where is your pain?*) rather than leading ones (*Was the pain in the centre of your chest?*).

• Try not to use medical terms (*e.g. Do you have orthopnoea?*)
History of presenting complaint

- Find out more information about presenting complaint
  - *Where did you experience the chest pain?* [Location]
  - *What was the pain like?* [Character]
  - *How severe was the pain?* [Severity]
  - *How long did the pain last for?* [Duration]
  - *How often do you experience the pain?* [Frequency]
  - *Did the pain spread anywhere?* [Radiation]
  - *What makes the pain worse?* [Exacerbating factors]
  - *Does anything make it better?* [Relieving factors]
  - *Did you noticed any thing else at the time? Nausea? Sweating?* [Associated symptoms]
Past medical history

Any other medical problems
Specifically any cardiovascular problems

DM
HTN
CAD
CVA
Drug history

- Sometimes patients may consider ‘over the counter drugs’ not important
- Enquire about any herbal treatments
Family history

DM
HTN
CAD
CVA
SCD
Social history

• Ask the patient if they smoke?
  *Type of tobacco – Cigarettes/ beedi/ SLT? Amount per day*

• Drug abuse e.g. cocaine

• Do they consume any alcohol?
  *If so how many units per week?*

• *Living conditions - RHD*
Chest pain

There are literally dozens of illnesses, injuries and conditions that can cause chest pain.

Knowing common signs, symptoms and patient presentations can help you differentiate between different kinds of chest pain.
# Cardiac causes of chest pain

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Myocardial ischaemia</strong></td>
<td>• Retrosternal pain, radiate into arms, throat or jaw.</td>
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<td>• Constricting character, is provoked by exertion and relieved rapidly by rest</td>
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<td></td>
<td>• In cardiac emergencies, pain is similar in location and character to angina but is</td>
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<tr>
<td></td>
<td>usually more severe, more prolonged, and unrelieved by rest</td>
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<tr>
<td><strong>Pericarditis</strong></td>
<td>Central chest pain, sharp in character and aggravated by deep inspiration, cough or postural changes</td>
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<td><strong>Aortic dissection</strong></td>
<td>• Severe tearing pain in either the front or the back of the chest.</td>
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<td>• Onset is abrupt, unlike the crescendo quality of ischaemic cardiac pain</td>
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Dyspnoea

• Subjective feeling of difficulty in breathing

• Patient complains of shortness of breath or “I can’t get enough air”.

• Caused by many conditions including: heart failure, pulmonary disease, anaemia, anxiety, obesity.

• The history often give clues to the cause

• In many patients, occurs on exertion only.

• Exertional dyspnoea is usually due to cardiac failure, chronic pulmonary disease or poor physical condition.
Orthopnoea

- Patient has more difficulty breathing in the lying position than when sitting upright.
- It is usually associated with congestive heart failure but may occur with severe lung disease.
Paroxysmal nocturnal dyspnoea

- Patient describes sudden wakening from sleep with shortness of breath.
- The patient will sometimes sit on the side of the bed to seek relief.
- Usually associated with congestive heart failure but similar symptoms may occur with asthma
<table>
<thead>
<tr>
<th>Cardiac asthma</th>
<th>Pulmonary asthma</th>
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<tbody>
<tr>
<td>Breathlessness precedes cough</td>
<td>Cough precedes breathlessness</td>
</tr>
<tr>
<td>History of CVD</td>
<td>History of COAD/ BA/ chronic cough for years</td>
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<tr>
<td>Sputum is abundant, frothy and bloody.</td>
<td>Sputum is scanty and mucoid</td>
</tr>
<tr>
<td>Heart enlarged</td>
<td>Heart is usually small</td>
</tr>
<tr>
<td>Basal crackles</td>
<td>Predominant wheeze/ silent chest</td>
</tr>
<tr>
<td>ECG abnormal</td>
<td>ECG usually normal</td>
</tr>
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Ankle swelling

- Some patients present with ankle swelling due to edema from heart failure.
- Such ankle edema is usually symmetrical and worse in the evening.
- If the heart failure progresses the oedema can ascend up the legs, and in severe cases to the lower abdomen/sacral areas.
<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>HISTORY</th>
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<tbody>
<tr>
<td>Cardiac</td>
<td>DOE</td>
</tr>
<tr>
<td></td>
<td>Orthopnoea</td>
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<tr>
<td></td>
<td>PND</td>
</tr>
<tr>
<td>Renal</td>
<td>Starts with face/ periorbital</td>
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<td></td>
<td>Anasarca</td>
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<td></td>
<td>Other signs</td>
</tr>
<tr>
<td>Hepatic</td>
<td>Usually rare</td>
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<td></td>
<td>Associated pleural effusion, ascites</td>
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Palpitations

• An unexpected awareness of the heartbeat.
• Ask the patient to describe exactly:
  • Fast?
  
  Regular? Irregular?

Skipped beats?

How long they lasted for?

Any other symptoms - e.g. dyspnoea? Chest pain?
Syncope

- Transient loss of consciousness resulting from cerebral anoxia, usually due to inadequate blood flow

- Did they lose consciousness? Under what circumstances did this occur? Did the patient experience any warnings? Was recovery spontaneous? Did the patient take time to recover? Did any bystanders notice any abnormal movements?

- It is always very useful to obtain a corroborative history from a relative or witness.
Claudication

- Claudication in Latin meaning to limp
- Patients notice pain in one or both legs (usually calves) when they walk more than a certain distance
- This distance is called claudication distance
- Suggests possible peripheral vascular disease with a poor blood supply to the affected limb
- Eventually, with increasing severity - rest pain
Congenital Heart Disease

**To Be Asked Only if Patient Is an Infant**

- Frequent pneumonias (increased lung blood flow)
- Excess perspiration (sign of failure in infants)
- Mother aware of infant’s heartbeat or vibration or thrill

**To Be Asked if Patient Is an Infant, Child, or Adult**

- Murmur at birth?
- Pregnancy with rubella
- Normal growth and development
- Family history of congenital heart disease
- Cyanosis
- Mental retardation, Squatting
Thanks For Your Attention!

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