

P-408 - ANXIETY AND CHEST PAIN

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Introduction: Chest pain is characteristic symptom associated with serious heart condition. Almost 10% of all cardiographs is negative and do not confirm ischemic heart disease. Except the other organic causes, the atypical pain is often associated with somatization and psychiatry disorders.

Objectives: The objectives of our study were to explore difference in pain characteristic between coronary patients and those without diagnose of coronary disease and presence of psychiatric syndromes.

Method: We have compared 30 out patients with angina pectoris (C group) to 30 patients with atypical chest pain (A group) and normal results of cardiac examination. The other medical pain causes were also excluded. Applied instruments were: Visual Analog Pain Scale, Questionnaire for affective and sensorial characteristic, M.I.N.I., for psychiatric diagnose SCL-90-R, for psychological dimensions, Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI) for anxiety and depression level.

Results: Atypical chest pain was mild, less intensity than ischemic pain, accompanied with panic affect and sharp sensitive features. There were no difference in other pain characteristics: localization, propagation, duration, between groups. Panic and somatoform disorders were present at A group (23%:0%, $p < 0,01$), significant somatization was present at A group (50% : 10%, $p < 0,01$), anxiety level was mild and significant different from C group (20.47 ± 11.93 : 9.63 ± 3.86). Depression was not elevated at both groups.

Conclusion: There is slight difference in chest pain expression between coronary and noncoronary patients, presence of associated panic and somatization disorder and elevated somatization and anxiety level, indicates possible psychogenesis.