CVS History taking

Chest pain :

Ask about :

- site, onset, severity and character of the pain, and whether the pain radiates anywhere
- associated symptoms such as breathlessness
- aggravating and relieving factors, especially their relationship to exertion
- frequency and duration of symptoms, and any recent change in pattern
- degree of limitation caused by symptoms
- Lipids profile
- if there is heart diseases in the patient and patient's family.
- if there is a deaths in 1st degree relatives and the cause of death?
- Smoking , alcohol
- Homing

4.3 Cardiovascular causes of chest pain and their characteristics

	Angina	Myocardial infarction	Aortic dissection	Pericardial pain	Oesophageal pain
Site	Retrosternal	Retrosternal	Interscapular/retrosternal	Retrosternal or left-sided	Retrosternal or epigastric
Onset	Progressive increase in intensity over 1–2 minutes	Rapid over a few minutes	Very sudden	Gradual; postural change may suddenly aggravate	Over 1–2 minutes; can be sudden (spasm)
Character	Constricting, heavy	Constricting, heavy	Tearing or ripping	Sharp, 'stabbing', pleuritic	Gripping, tight or burning
Radiation	Sometimes arm(s), neck, epigastrium	Often to arm(s), neck, jaw, sometimes epigastrium	Back, between shoulders	Left shoulder or back	Often to back, sometimes to arms
Associated features	Breathlessness	Sweating, nausea, vomiting, breathlessness, feeling of impending death (angor animi)	Sweating, syncope, focal neurological signs, signs of limb ischaemia, mesenteric ischaemia	Flu-like prodrome, breathlessness, fever	Heartburn, acid reflux
Timing	Intermittent, with episodes lasting 2–10 minutes	Acute presentation; prolonged duration	Acute presentation; prolonged duration	Acute presentation; variable duration	Intermittent, often at night-time; variable duration
Exacerbating/ relieving factors	Triggered by emotion, exertion, especially if cold, windy Relieved by rest, nitrates	'Stress' and exercise rare triggers, usually spontaneous Not relieved by rest or nitrates	Spontaneous No manœuvres relieve pain	Sitting up/lying down may affect intensity NSAIDs help	Lying flat/some foods may trigger Not relieved by rest; nitrates sometimes relieve
Severity	Mild to moderate	Usually severe	Very severe	Can be severe	Usually mild but oesophageal spasm can mimic myocardial infarction
Cause	Coronary atherosclerosis, aortic stenosis, hypertrophic cardiomyopathy	Plaque rupture and coronary artery occlusion	Thoracic aortic dissection rupture	Pericarditis (usually viral, also post myocardial infarction)	Oesophageal spasm, reflux, hiatus hernia

NSAIDs, *non-steroidal anti-inflammatory drugs.*

Dyspnoea (breathlessness) :

In acute dyspnoea ask about :

- duration of onset
- background symptoms of exertional dyspnoea and usual exercise tolerance
- associated symptoms: chest pain, syncope, palpitation or respiratory symptoms (such as cough, sputum, wheeze or haemoptysis).

In patients with chronic symptoms, ask about :

- relationship between symptoms and exertion
- degree of limitation caused by symptoms and their impact on everyday activities
- effect of posture on symptoms and/or episodes of nocturnal breathlessness
- associated symptoms: ankle swelling, cough, wheeze or sputum.

Palpitation

Ask about:

- nature of the palpitation: is the heart beat rapid, forceful or irregular? Can the patient tap it out
- timing of symptoms : speed of onset and offset; frequency and duration of episodes
- precipitants for symptoms or relieving factors
- associated symptoms: presyncope, syncope or chest pain
- history of underlying cardiac disease.

For the suspension of arrythmia ask about :

- Previous myocardial infarction or cardiac surgery?
- Associated syncope or chest pain?
- Wolff-Parkinson -white syndrome
- Significant structural heart diseases
- Family history of sudden death

Syncope :

Ask about :

- circumstances of the event and any preceding symptoms: palpitation, chest pain, lightheadedness, nausea, tinnitus, sweating or visual disturbance
- duration of loss of consciousness, appearance of the patient while unconscious and any injuries sustained (a detailed witness history is extremely helpful)
- time to recovery of full consciousness and normal cognition
- current driving status, including occupational driving.

Presyncope :

Ask about :

- exact nature of symptoms and associated features such as palpitation
- precipitants for symptoms, such as postural change,
- prolonged standing, intense emotion or exertion
- frequency of episodes and impact on lifestyle
- possible contributing medications, such as antihypertensive agents

Oedema :

Ask about :

- is it bilateral or unilateral
- If he have chronic venous disease, hypoalbuminaemia
- If he is taking vasodilating calcium channel antagonists (such as amlodipine)
- Enquire about other symptoms of fluid overload, including dyspnoea, orthopnoea and abdominal distension.

Past medical history :

Ask about :

- detailed record of any previous cardiac disease
- conditions associated with increased risk of vascular disease such as hypertension, diabetes mellitus and hyperlipidaemia
- rheumatic fever or heart murmurs during childhood
- potential causes of bacteraemia in patients with suspected infective endocarditis, such as skin infection, recent dental work, intravenous drug use or penetrating trauma
- systemic disorders with cardiovascular manifestations such as connective tissue diseases (pericarditis and Raynaud's phenomenon), Marfan's syndrome (aortic dissection) and myotonic dystrophy (atrioventricular block).

Drug history :

Ask about :

- over-the-counter' purchases, such as non-steroidal anti-inflammatory drugs (NSAIDs) and alternative and herbal medicines, as these may have cardiovascular actions.

Family history :

Ask about :

- premature coronary artery disease in first-degree relatives (<65 years in a female or <55 years in a male);
- sudden unexplained death at a young age (may raise the possibility of a cardiomyopathy or inherited arrhythmia)
- Cardiac diseases with genetic components (such as cardiomyopathies)
- Patients with venous thrombosis (may have inherited thrombophilia, such as a factor V Leiden mutation.)
- Familial hypercholesterolaemia (associated with premature arterial disease).

Social history :

Ask about :

- Smoking
- Alcohol
- Recreational drugs
- Daily life activity and change of limitations
- Eligibility for certain occupations