EDITORIAL

Diminished quality of life in non-cardiac chest pain: A
cause as much as an effect∗, ∗∗

Disminución en la calidad de vida de pacientes con dolor torácico no
cardíaco: sus causas y efectos

Non-cardiac chest pain (NCCP) is a condition that is increas-
ingly being recognized as a significant driver of increased
patient morbidity as well as health care costs via frequent
utilization of health care services. While an exact definition
of NCCP has not been outlined, one prevalent description is
recurrent chest pain that is indistinguishable from ischemic
heart pain after a reasonable workup has excluded a cardiac
cause.1 NCCP is often attributed to esophageal conditions
such as gastroesophageal reflux disease, non-erosive reflux
disease, functional chest pain, and esophageal motility dis-
orders.

Uncertainty still exists surrounding its epidemiology and
the totality of its inciting factors, but diminished patient
quality of life is a characteristic of NCCP that has consist-
tently been reported.

The paper of Ortiz-Garrido et al.2 assesses quality
of life in Mexican patients with NCCP and its relation
to clinical characteristics and etiology. The study, con-
ducted at a single health care center in Mexico, matched
33 patients with NCCP of presumed esophageal origin to 51
healthy controls with no history of chest pain or esophageal
symptoms. The case patients all underwent esophagoga-
troduodenoscopy, 24-hour esophageal pH monitoring, and
esophageal manometry to determine the etiology of their
NCCP and were all surveyed to determine the characteristics
of their symptoms. Forty-eight percent of the case patients
were diagnosed with gastroesophageal reflux disease, 34%
with achalasia, and 18% with functional chest pain, whereas
the 3 most predominant symptoms were regurgitation (81%),
dysphagia (72%), and heartburn (66%). All patients, both
case and control, filled out the SF-36 Quality of Life
Questionnaire. Subjects with NCCP demonstrated a sig-
nificant decrease in quality of life compared with the
controls. However, amongst patients with NCCP, no signif-
icient difference in quality of life was noted regarding its
etiology (gastroesophageal reflux disease, achalasia, func-
tional chest pain) or predominant symptomatology.

Diminished quality of life is a recognized sequel of NCCP
but it is increasingly being considered, along with psychi-
atric disease, as a main driver of it as well. Several studies
have recognized the correlation of both psychiatric disease
and associated quality of life indicators (stress, anxiety,
worry, perceived lack of control) with NCCP as well as their
potential roles as inciting and/or aggravating factors.3−8
These hypotheses have been further supported by placebo
controlled trials (albeit few and small) that have shown
improvement in NCCP and quality of life with usage of both
antidepressants as well as non-pharmacologic psychiatric
interventions (such as cognitive behavioral therapy).9 Thus,
self-perpetuating cycle of cause and effect between psy-
chiatric disease/diminished quality of life and NCCP may
exist, making NCCP a difficult entity to effectively treat.
This study confirmed the deleterious effects that NCCP can
have on the quality of life of those that suffer from it. More
important, though, was its finding that diminished quality
of life was not related to presumed etiology of NCCP or pre-
dominant symptomatology, but rather was consistent across
all case patients. Consistent with current work in the field,
this finding suggests a central role for psychiatric disease
and associated quality of life indicators in the morbidity and
symptomatology of NCCP that goes beyond any diagnosed
organic causes.

Additionally, in showing that these effects may be inde-
pendent of the etiology and principle symptomatology of a

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grmx.2015.03.005, Ortiz-Garrido O, Ortiz-Olvera NX, González-
Martínez M, et al. Clinical assessment and health-related quality
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given patient’s NCCP, it adds to the wave of current literature suggesting a causative role for diminished quality of life in the perpetuity of NCCP symptomatology and morbidity. Further studies with larger sample sizes and correlation with both pharmacologic and non-pharmacologic treatment specifically targeted at quality of life indicators and psychiatric disease will further help establish this relationship.

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Conflict of interest

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References


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