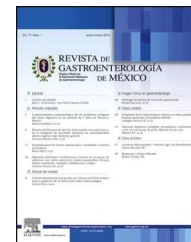




REVISTA DE
GASTROENTEROLOGÍA
DE MÉXICO

www.elsevier.es/rgmx



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 increasingly 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 disorders.

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 consistently 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, conducted 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 esophagogastroduodenoscopy, 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 significant decrease in quality of life compared with the controls. However, amongst patients with NCCP, no significant difference in quality of life was noted regarding its etiology (gastroesophageal reflux disease, achalasia, functional chest pain) or predominant symptomatology.

Diminished quality of life is a recognized sequel of NCCP but it is increasingly being considered, along with psychiatric 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, a self-perpetuating cycle of cause and effect between psychiatric 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 predominant 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 independent of the etiology and principle symptomatology of a

[☆] Please cite this article as: Malamood M, Schey R. Disminución en la calidad de vida de pacientes con dolor torácico no cardíaco: sus causas y efectos. *Revista de Gastroenterología de México*. 2015;80:119–120.

^{☆☆} See related content at DOI: <http://dx.doi.org/10.1016/j.rgmx.2015.03.005>, Ortiz-Garrido O, Ortiz-Olvera NX, González-Martínez M, et al. Clinical assessment and health-related quality of life in patients with non-cardiac chest pain. *Rev Gastroenterol Mex*. 2015;80(2):121–9.

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.

Financial disclosure

No financial support was received in relation to this article.

Conflict of interest

The authors declare that there is no conflict of interest.

References

1. Fass R, Achem SR. Noncardiac chest pain: Epidemiology, natural course and pathogenesis. *J Neurogastroenterol Motil.* 2011;17:110–23.
2. Ortiz-Garrido O, Ortiz-Olvera NX, González-Martínez M. et al. Clinical assessment and health-related quality of life in patients with noncardiac chest pain. *Rev Gastroenterol Mex.* 2015; 80:121–9.
3. Webster R, Norman P, Goodacre S, et al. Illness representations, psychological distress, and non-cardiac chest pain in patients attending an emergency department. *Psychol Health.* 2014;29:1265–82.
4. Eslick GD, Talley NJ. Natural history and predictors of outcome for non-cardiac chest pain: A prospective 4-year cohort study. *Neurogastroenterol Motil.* 2008;20:989–97.
5. Hadlandsmyth K, Rosenbaum DL, Craft JM, et al. Health care utilisation in patients with non-cardiac chest pain: A longitudinal analysis of chest pain, anxiety and interoceptive fear. *Psychol Health.* 2013;28:849–61.
6. Ortiz-Olvera NX, Gonzalez-Martinez M, Ruiz-Flores LG, et al. Causes of non-cardiac chest pain: Multidisciplinary perspective. *Rev Gastroenterol Mex.* 2007;72:92–9.
7. Rosenbaum D, White K, Gervino E. The impact of perceived stress and perceived control on anxiety and mood disorders in noncardiac chest pain. *J Health Psychol.* 2012;17:1183–92.
8. Hadlandsmyth K, White K, Krone J. Quality of life in patients with non-CAD chest pain: Associations to fear of pain and psychiatric disorder severity. *J Clin Psychol Med Settings.* 2013;20:284–93.
9. Krarup A, Liao D, Gregersen H, et al. Nonspecific motility disorders, irritable esophagus, and chest pain. *Ann N Y Acad Sci.* 2013;1300:96–109.

M. Malamood^a, R. Schey^{b,*}

^a *Department of Gastroenterology, Temple University Hospital, Philadelphia, Pennsylvania, United States*

^b *Section of Gastroenterology, Temple University Hospital, Philadelphia, Pennsylvania, United States*

*Corresponding author.

E-mail address: Ron.Schey@tuhs.temple.edu (R. Schey).