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BEYOND THE CHEST PAIN: ANXIETY'S GRIP ON ANGINA AND ITS GENDER DISPARITIES

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Introduction. The increasing prevalence of angina pectoris calls for studying the impact of stress and anxiety on these patients. This study examines how these factors interact with various health parameters, focusing on potential gender modulations.

Aim. To examine the interactions between stress, anxiety and health parameters in patients with angina, with a focus on gender differences.

Materials and methods. In the 6th polyclinic and in the cardiology department of the State Institution "Minsk scientific and practical center of surgery, transplantology and hematology" a one-time controlled study of a group of patients diagnosed with angina pectoris was conducted using questionnaires and psycho-emotional testing. The psycho-emotional state was assessed using the Spielberger-Khanin questionnaire to assess the level of reactive (Test 1) and personal (Test 2) anxiety. The study included 52 patients (53.85% women, 46.15% men) with a mean age of 66.6 years.

Results and discussions. The study found that despite smoking rates being high (30.76%), especially among men (60%) compared to women (3.7%), a surprisingly high percentage of patients (73%) reported spending more than an hour in day in physical activity. Interestingly, 2% of respondents denied the presence of a chronic disease, despite the fact that they were diagnosed with angina pectoris. 44.2% of patients usually experienced fatigue during the day, regardless of previous activity (52% among men and 37.03% among women). Perceptions of well-being were mixed, with more than half (55.76%) reporting poor health, but the majority (57.79%) of patients considered their lifestyle to be healthy. Those who want to change their lifestyle (36.36%) are primarily focused on increasing physical activity. Among the respondents, only 28.84% experienced chest pain during an ischemic attack, of which 80% were men. 71.15% of all participants reported no pain during attacks, with this rate being higher among women (88% vs. 52% of men). Surprisingly, among those who denied feeling pain during attacks, a significant portion (50%) was still able to identify the location of discomfort (66.6% of women and 76.9% of men). A similar trend was observed for exercise-induced pain, with 69.23% reporting no pain (85.18% of women and 52% of men). 38.46% of participants reported feeling anxious during an attack, with this dimension being more common in women (48%) than men (28%). Among women who reported no anxiety outside of attacks, a surprising 62.96% showed higher than normal levels of anxiety on objective testing, and among men, high levels of anxiety were even more common at 80%. The mean score for Test 2 was significantly higher (45.48) than Test 1 (40.5), with a slight gender difference (females: 45.85; males: 45.08). Test 2 revealed an alarmingly high prevalence of stress, with 98% of participants scoring above the stress threshold. This indicates a significant level of chronic stress in the study group.

Conclusion: the results revealed a paradox between the reported prevalence of pain (28.84%) and awareness of the location of discomfort. A substantial proportion (66.6% of females and 76.9% of males) who denied attack pain could identify the discomfort area, suggesting underestimation, particularly in males. This emphasizes the need for comprehensive pain assessment strategies beyond self-reported measures. Although the overall prevalence of pain during attack was moderate (28.84%), it was predominantly experienced by men (80% of reported pain). An alarming discrepancy emerged between self-reported anxiety and objective test results. A significant proportion of participants who denied experiencing anxiety outside of attacks had elevated levels of anxiety when tested (62.96% of women and 80% of men). This highlights the limitations of self-report measures and the value of including objective measures in anxiety research.