Abstract: Women's experiences of cardiac pain – A review of the literature

Background

Women experience coronary heart disease (CHD) differently than men. Presentations of cardiac pain for women can include vague signs and symptoms such as extreme fatigue, discomfort in the shoulder blades, and shortness of breath. Subsequently, the assessment, identification, treatment, and rehabilitation of women with CHD present challenging and unique opportunities for nurses because women experience a multiplicity of symptoms that are often not reported or recognized as cardiac in nature. Women have higher rates of functional disability and a lower prevalence of obstructive coronary heart disease, as evidenced by coronary angiogram, than men. It is important to understand the complexities of women's presentations of cardiac pain if nurses are to improve the quality of health experienced post diagnosis, treatment, and rehabilitation. Purpose: The purpose of this article is to identify current qualitative studies that specifically explore women's experiences of cardiac pain and to describe salient themes across the literature identifying implications for clinical practice and areas of further research related to women's cardiac pain experience.

Method

Qualitative studies that were published in nursing literature between the years of 1995 and 2007 were analyzed to illustrate the current state of qualitative research on women's cardiac pain experiences. This review includes six articles that met the inclusion criteria.

Conclusion

Results of this review revealed that women experience cardiac pain differently than men. Different cardiac pain experienced by women leads to misunderstandings of warning signs and symptoms of myocardial infarction and ischemic cardiac pain. Moreover, women do not recognize the threat of CHD, even with significant family history, and delay seeking health care for signs of acute myocardial infarction. Further research and education are warranted. Nurses need to challenge the antiquated assumptions surrounding women's experiences of cardiac pain. Clinicians must be cognizant of the importance of a thorough patient assessment, the ability to identify women at risk, individualizing the person's CHD experience, and providing health promotion strategies that educate women to recognize the signs and symptoms of CHD. Studies that identify the educational needs specific to women and cardiac pain are necessary. Educational intervention studies promoting health-related behaviour change that targets cardiac pain recognition for women are imperative. Future research examining whether the experience of changes in cardiac pain over time and post-intervention(s) need to be conducted.

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Table 1. Summary of qualitative studies

Study	# of Participants	Population	Design	Findings
Gassner, Dunn, & Piller, 2002 (Australia)	21 Women 29 Men	N: 50 21 Women (42%) 29 Men (58%) Ave-age 62 (31–81)	Qualitative • One semi-structured interview	• CHD referenced differently by women and HCP • Women organize the experience categorize pain and AMI in historical context to make sense of illness * These categories are interrelated and impact the process of understanding, recognition and acceptance of diagnosis of CHD.
Lockyer, 2005 (U.K.)	29 Women	Ave-age 68 (51–82) 27 Caucasian (93%) 1 Chinese (3.4%) 1 Filipino (3.4%)	Qualitative • One semi-structured interview	• Women identified acute chest pain, chronic undifferentiated pain, breathlessness, co-morbidities, influences of family and friends • Lack of recognition of cardiac pain or risk factors (even with strong family Hx) * Women did not act on symptoms or seek medical advice.
MacInnes, 2006 (U.K.)	10 Women	Ave-age 72 (30–80)	Qualitative • One semi-structured interview	• Women experienced severe chest pain—experienced differently than men. Symptoms identified: diaphoresis, arm ache, syncope, fatigue, nausea, vomiting, palpitations, restless, back pain, SOB. * Women perceived they were not susceptible—symptoms were benign * significantly impacts women's ability to recognize symptoms preventing timely medical advice, treatment and rehabilitation.
McSweeney, 1998 (U.S.A.)	20 Women	Ave-age 61 (34–77) 13 Caucasian (65%) 4 Hispanic (20%) 3 African American (15%) 4 Education-Master (20%) 6 College (30%) 3 less than 8th grade (15%)	Qualitative • Two interviews • One semi-structured • One follow-up interview	* Mid-Sternal Chest pain NOT the hallmark sign of cardiac pain for women. Pain clustered as to: location, intensity, sensation, gastrointestinal, emotions, hand arm, neurological changes, temperature, respiratory, and fatigue. *** Seminal study identified *Prodromal warning* signs specific to women with CHD.
McSweeney, & Crane, 2000 (U.S.A.)	40 Women	Ave-age 58.5 (27–79) 35 Caucasian (87.5%) 5 non-white (12.5%) Education range less than eighth grade to graduate school 50% high school or less	Qualitative • Two interviews • One semi-structured • One follow-up telephone interview	Women experienced *Prodromal* symptoms: fatigue, shoulder blade discomfort and chest sensations. *Acute Symptoms:* chest sensations, SOB, feeling hot or flushed. * 92% women experienced prodromal symptoms prior to a cardiac event.
Miklaucich, 1998 (U.K.)	8 Women	Ave-age range (50–70)	Qualitative • Two interviews • Diary	Women describe stages between becoming ill and accepting the limitations on life. Pain described as becoming aware of the origin, * unlike previous pain experiences, acts as *reference* for identifying cardiac pain.

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