

A Comprehensive Analysis of the Classification and Diagnosis of Angina Pectoris

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Opinion Article

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DESCRIPTION

Angina pectoris is a common cardiovascular disease that affects millions of people around the world. It is characterized by chest pain or discomfort that occurs when the heart is not getting enough oxygen-rich blood. This condition is caused by a narrowing of the coronary arteries, which supply blood to the heart muscle.

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Classification

Stable angina: This is the basic form of angina caused by myocardial ischemia, also referred to as "effort angina." Stable angina typically manifests as chest pain and other symptoms that are brought on by physical activity (walking, jogging, etc.), with no symptoms at rest or after taking sublingual nitroglycerin. After activity, symptoms usually disappear for a few minutes before returning as activity picks back up. In this approach, intermittent claudication symptoms and stable angina can be compared. Cold temperatures, large meals, and mental stress are also known to cause stable angina.

Unstable angina: It happens while at rest and typically lasts for more than ten minutes. It is severe, recently developed (i.e., within the last 4-6 weeks), and crescendo-pattern (i.e., noticeably worse, more pervasive, or frequent than previously). At rest, UA can happen suddenly, which could be a significant sign of an approaching heart attack. The biology of atherosclerosis is what distinguishes stable angina from unstable angina (apart from symptoms). The reduction in coronary flow brought on by momentary platelet aggregation on seemingly normal endothelium, coronary artery spasms, or coronary thrombosis is the pathophysiology of unstable angina.

Atherosclerosis is the first step in the process, which then moves via inflammation to produce an active, unstable plaque. This plaque then goes through thrombosis and causes acute myocardial ischemia, which, if left untreated, leads to cell necrosis (infarction). According to studies, 64% of all unstable angina attacks happen while patients are at rest between the hours of 22:00 and 8:00. The symptoms of angina pectoris include chest pain, discomfort, pressure, or tightness. The pain may also be felt in the arms, neck, jaw, shoulder, or back. Other symptoms may include shortness of breath, nausea, sweating, or dizziness.

Microvascular angina: In the context of normal epicardial coronary arteries (the largest vessels on the surface of the heart prior to significant branching), microvascular angina, also known as cardiac syndrome X, is characterized by angina-like chest pain on angiography. The original definition of cardiac syndrome X also required cardiac stress tests to show ischemic changes during exercise (despite normal coronary arteries). Although the primary cause of microvascular angina is unknown, endothelial dysfunction and decreased flow-possibly as a result of spasm-in the hearts tiny "resistance" blood vessels appear to be involved. It is more challenging to recognize and diagnose microvascular angina because it is not characterized by major arterial blockages. Microvascular angina was recently viewed as a somewhat harmless condition, yet later information has changed this disposition. Women's higher rates of angina and their predilection for ischemia and acute coronary syndromes in the absence of obstructive coronary artery disease may be explained by the fact that microvascular angina is part of the pathophysiology of ischemic heart disease, as suggested by studies like the Women's Ischemia Syndrome Evaluation (WISE). Angina Pectoris is a serious cardiovascular disease that requires prompt diagnosis and treatment. Early detection and management can help prevent complications and improve outcomes. It is important to maintain a healthy lifestyle, follow a treatment plan, and work closely with your healthcare provider to manage this condition effectively.