There’s no such thing as a textbook heart attack

Nurses need to know the truth about myocardial infarction – it could save lives

There’s a common misconception, fuelled by the media, that a heart attack is always a sudden and quick event – but this isn’t the case. A gradual-onset myocardial infarction (MI) can happen over the course of several hours or days. A study published in the European Journal of Cardiovascular Nursing found that 57% of patients reported abrupt symptom onset, the remaining 43% experienced gradual symptom onset. Coronary heart disease, the major cause of heart attacks, which is caused by atherosclerosis in the coronary arteries, takes many years to develop. Many people remain symptom-free until it’s too late, and they have an acute cardiac event. This can be in the form of acute ST elevation MI (STEMI) or with partial blockage in the form of a non-ST elevation MI (NSTEMI). Both are potentially life-threatening and can present as a gradual-onset heart attack.

Recognising symptoms

When heart attack symptoms occur out of the blue, patients will experience a crushing pain in the chest which may cause them to collapse dramatically, leading to a 999 call. But for many people the symptoms are less dramatic and can happen on and off over time. Symptoms can also be non-specific, such as indigestion, discomfort in other parts of the body, such as the back or shoulder blades, or generally feeling unwell.

A person having these gradual-onset symptoms may wait for them to pass rather than calling for emergency medical assistance.

In some situations people will seek help but will not call for an ambulance, causing further delay. They may make a GP appointment, ask for a lift to the emergency department or worse, drive themselves to hospital. By the time they finally arrive at the hospital there is irreparable damage to the heart muscle, and emergency procedures such as primary angioplasty often aren’t plausible due to the delay and the effects of myocardial necrosis, as identified on their electrocardiogram (ECG).

The narrative that heart attacks only happen to older, overweight men who smoke and eat fast food often aren’t plausible due to the delay and the effects of myocardial necrosis, as identified on their electrocardiogram (ECG).
is that coronary heart disease doesn’t discriminate. Despite being perceived as a man’s disease, coronary heart disease kills more than twice as many women as breast cancer in the UK every year. Women experience inequalities at every stage of diagnosis and treatment, with differences in care contributing to at least 8,200 avoidable deaths in England and Wales.

Heart attack risk: educating patients

People in England should be made aware of the free NHS Health Check for people aged 40-74. Similar arrangements are available in the rest of the UK. Checks include blood pressure, cholesterol levels, body mass index and blood sugars. A conversation should also take place about lifestyle and family history so that the person can be informed of their risk of having a heart attack or stroke in the next ten years. Advice can then be given to reduce the person’s risk factors.

nhs.uk/conditions/nhs-health-check

‘Women experience inequalities at every stage of diagnosis and treatment’

in the past decade, according to research funded by the British Heart Foundation.

Avoiding delays to treatment

The incorrect assumption that women having a heart attack will have different symptoms from men can lead to misdiagnosis, delayed treatment and less intensive interventions. Research at the University of Edinburgh highlights that men and women actually have the same symptoms for NSTEMI and STEMI – they just differ from person to person.

Men are more likely to have symptoms on exertion, such as physical exercise, and call for help, according to the study in the European Journal of Cardiovascular Nursing. With gradual-onset heart attack, the lack of an association between exertion and exercise in women may make it even harder for them to identify that something is seriously wrong and increase the risk that they will delay seeking assistance.

We need to raise awareness about coronary heart disease and heart attack, including gradual-onset MI, so that people know the symptoms to look for, understand it can happen to them, and know to call for emergency assistance so that accurate diagnosis and treatment can start as soon as possible.

As nurses, we have a responsibility to educate our patients that there is no such thing as a textbook heart attack.


British Heart Foundation research on heart attack symptoms tinyurl.com/bhf-symptoms

RCNi Non-executive director

Fee: £7,000 per annum | Term: three years (approximately one day a month)

RCNi is the premier provider of innovative and creative information solutions for the whole nursing team and associated health professionals.

We seek a non-executive director to help shape RCNi’s strategic direction and support income generation to keep our products and services up to date.

We are looking for a non-executive director who:

• Is a registered nurse with the NMC.
• Is an RCN member in good standing.
• Has clear, first-hand knowledge of the learning and development needs of the nursing workforce.
• Can demonstrate a track record of senior clinical leadership.
• Has the ability to understand and analyse complex strategic issues.
• Understands the role and responsibilities of board membership and has worked at board level in the health and care sector in an executive or non-executive capacity.

RCNi, which is wholly-owned by the RCN, publishes 11 journals, including Nursing Standard, to provide health professionals with the latest developments in nursing, including changes in policy, practice and education.

We also offer a range of digital products including RCNI Learning, an interactive online resource of CPD training modules, RCNI Portfolio, an online store and tracking system to help with revalidation, and RCNI Decision Support, a clinical decision support tool.

We celebrate exceptional care in the profession through the RCNI Nurse Awards, and help to develop careers and enhance practice with events such as the popular RCNI Career and Job Fairs, and revalidation seminars.

The appointment is by the RCNi board for a specific term of three years. Any term renewal is subject to board review and reappointment is not automatic.

How to apply:

Please submit your application via: https://careers.rcn.org.uk where you can also download a copy of the job description and person specification for the role.

The deadline for receipt of applications is 12 January 2020.

For an informal confidential discussion, please contact RCNi chair Tim Brooks: timbrooks100@gmail.com