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Conditions & Treatments



Secrets to a Healthy Heart

What to Know About Angina

Tactics, drugs and treatments to ease chest pain and lower your heart attack risk

by Barbara Brody, [AARP \(http://www.aarp.org\)](http://www.aarp.org), January 27, 2021 | Comments: 0

 [woman out on a jog touching her chest in discomfort](#)

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[En español \(/espanol/salud/enfermedades-y-tratamientos/info-2021/sintomas-angina-de-pecho.html?intcmp=AE-HLTH-TOSPA-TOGL-ES\)](#) | You're sprinting to keep up with your dog when the pain suddenly strikes. It feels like something heavy is sitting on your chest or squeezing it. As the discomfort joins with shortness of breath, nausea or pain in your arm or jaw, you start to wonder: Am I having a [heart attack \(/health/conditions-treatments/info-2019/heart-attack-survivor-stories.html\)](#)?

It's possible, and when in doubt you should call 911 or have someone drive you to the ER. But if you sit down, relax and the symptoms subside within a few minutes, you might simply be experiencing angina, says Alon Gitig, M.D., an assistant professor of cardiology affiliated with Mount Sinai Doctors in New York.

As Gitig explains, unlike a heart attack, angina isn't an imminent medical crisis, but it can most certainly set you up for one. Angina, by definition, refers to chest pain that stems from reduced blood flow to the heart. While no one likes to feel such discomfort, what you really ought to be concerned about is the root cause — and that tends to be coronary artery disease.

Coronary artery disease means the vessels leading to your heart have too much plaque (fatty deposits made of cholesterol and other substances). This buildup causes the vessels to narrow so that only a limited amount of blood can pass through. That might not be noticeable most of the time, but when you exert yourself physically or get mentally stressed, your heart tries to quickly pump more blood. When the demand exceeds what your narrowed arteries can handle, your heart fails to get the oxygen it requires and you feel angina.

While the pain should quickly subside once you relax, the underlying problem remains. A piece of plaque could break off, form a clot and cause a heart attack by completely blocking blood flow to the organ.

Surprising signs

Most people with angina only get chest pain when doing something active or stressful, but some have “atypical” angina that doesn't fit the classic pattern. Women, [people with diabetes \(/health/conditions-treatments/info-2018/know-your-diabetes-risk.html\)](/health/conditions-treatments/info-2018/know-your-diabetes-risk.html) and adults over 65 are more apt to fall into the atypical group, Gitig says.

To some people with atypical angina, an attack feels more like heartburn, he says. “Or it could be atypical in that the pain happens at rest, not just when walking up a flight of stairs or shoveling snow,” he explains. In other people fatigue, not angina, is the most pressing symptom of underlying coronary artery disease — yet it can also be a confusing one because fatigue is a sign of so many different problems.

Managing the risks

The strongest risk factor for angina and coronary artery disease is age. The risk starts to rise in men after age 45; for women the risk goes up after 55.

Other key risk factors are [high cholesterol, high blood pressure, diabetes \(/health/conditions-treatments/info-2019/7-heart-health-numbers.html#quest1\)](/health/conditions-treatments/info-2019/7-heart-health-numbers.html#quest1), smoking, sedentary behavior, obesity, family history and stress. In short, anything that's a risk factor for heart disease is also a risk factor for angina.

You can't change your age or your genes, but you do have the power to control many of these other factors and, in turn, alleviate your discomfort while reducing your chances of having a heart attack.

If you're a [smoker \(/health/conditions-treatments/info-2020/smoking-copd-risk.html\)](/health/conditions-treatments/info-2020/smoking-copd-risk.html), quitting should be your number 1 move, experts say. Other lifestyle changes might include altering your diet; the Mediterranean diet, with its emphasis on antioxidant-rich vegetables and fish high in omega-3s, is an excellent choice for anyone with heart disease.

And, as you've no doubt heard, you [need to exercise \(/health/healthy-living/info-2020/exercising-at-home.html\)](/health/healthy-living/info-2020/exercising-at-home.html). “Every study shows the less active you are, the higher your risk of having a heart attack and dying of cardiovascular disease,” Gitig notes. “You can also often make angina better if you become more active.”



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Heart Health TOC

- [Understanding Angina \(/health/conditions-treatments/info-2021/angina-facts.html\)](/health/conditions-treatments/info-2021/angina-facts.html)
- [Statins Myths \(/health/conditions-treatments/info-2021/statins-myths.html\)](/health/conditions-treatments/info-2021/statins-myths.html)
- [Your Heart Healthy Grocery List \(/health/conditions-treatments/info-2021/heart-health-foods.html\)](/health/conditions-treatments/info-2021/heart-health-foods.html)
- [When You Need a Stent \(/health/conditions-treatments/info-2021/heart-stent.html\)](/health/conditions-treatments/info-2021/heart-stent.html)
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If you're currently sedentary, it's wise to check with your doctor first to make sure it's safe for you to work out. But generally speaking, starting slow — perhaps with a 10-minute walk around the block — and building up your stamina from there is a safe way to condition your heart and lower your risk of suffering a serious cardiac event.

[Stress management \(/health/conditions-treatments/info-2019/reduce-anxiety-stress.html\)](/health/conditions-treatments/info-2019/reduce-anxiety-stress.html) may help, too, especially when you're in the midst of an angina attack. Practice taking slow, deep breaths, which will calm you as well as lower your heart rate, Gitig says.

Once your doctor (ideally, a cardiologist) has confirmed that you have angina due to coronary artery disease, you'll also need to be on several medications. "If you have coronary artery disease and you take a statin, it reduces the risk of having a heart attack by more than 30 percent," says John Cooke, M.D., chair of the department of cardiovascular sciences at the Houston Methodist Research Institute. Statins primarily help by lowering LDL cholesterol, but they also reduce inflammation in the artery walls and help stabilize plaque so it's less likely to break off and form dangerous clots.

Medications to prevent more serious problems

A blood-thinning drug, [such as aspirin \(/health/drugs-supplements/info-2019/preventive-aspirin-recommendations.html\)](/health/drugs-supplements/info-2019/preventive-aspirin-recommendations.html), can also keep your heart attack risk in check. It helps by making it harder for clots to form.

The above-mentioned treatments could prevent a heart attack and save your life, but they won't necessarily alleviate the discomfort of angina. "When it comes to treating the symptoms, you have to make sure blood pressure is very well-controlled, because even fairly modest elevations when you have limited blood flow can be enough added stress that you feel it," Gitig says. For that reason, you should expect your doctor to put you on a drug such as a beta-blocker.

You may also be given nitroglycerin. This medication, which dilates the arteries so more blood can pass through, can relieve pain as well as help you determine whether you might be having a heart attack: "We tell patients if you take one it should relieve your symptoms completely within 5 to 10 minutes," says Gitig. "If it doesn't, you can take another one. If it doesn't help within the next 5 to 10 minutes, take a third one. If you're 10 to 20 minutes out from the initial pain and it hasn't been relieved, call 911."

Weighing invasive interventions

While most people experiencing angina can be treated with a combination of medication and lifestyle tweaks, some with severe disease will require a stent to prop up an obstructed artery, or bypass surgery to divert blood flow around a blocked artery.

If you have atypical angina that occurs while you're at rest, "that's more ominous" and suggests that you might benefit [from a stent \(/health/conditions-treatments/info-2019/heart-disease-stents-bypass-surgery.html\)](/health/conditions-treatments/info-2019/heart-disease-stents-bypass-surgery.html), says cardiologist Glenn Levine, professor of medicine at Baylor College of Medicine. At the very least, you'll likely need a cardiac catheterization — which entails threading a catheter into your heart and surrounding blood vessels — to take special X-rays. "If there's a blockage, we might decide to put a stent in," he says.

No one should be rushed toward an invasive test or procedure, and most people with angina can be properly diagnosed based on a thorough medical history, discussion of symptoms and perhaps a stress test (walking on a treadmill while your blood pressure and heart rate are measured), says Levine. But if you happen to have a severe blockage or are at imminent risk for a dangerous clot forming, don't let your age deter you from considering cardiac procedures.

Stents are very commonly placed on patients in their 70s and 80s, Levine says. "Occasionally we even stent people in their 90s. In general, if you diagnose and treat [coronary artery disease] properly, the prognosis is good."

More on Heart Health

- [Women may overlook cardiovascular risk \(/health/conditions-treatments/info-2020/blood-pressure-warnings-for-women.html\)](/health/conditions-treatments/info-2020/blood-pressure-warnings-for-women.html)
- [Survivors share their heart attack stories \(/health/conditions-treatments/info-2020/heart-attack-stories.html\)](/health/conditions-treatments/info-2020/heart-attack-stories.html)
- [Cardiovascular health for people 50+ \(/health/healthy-living/info-2019/heart-cardio-guide.html\)](/health/healthy-living/info-2019/heart-cardio-guide.html)

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