

By **KATE WIGHTON**

# My 'heart attack' lasted for 14 years

**D**OROTHY ASQUITH had become accustomed to walking around with 'a vice on her chest'. The 60-year-old suddenly developed crushing chest pains when she was 42 — and the pain stayed with her 14 years.

Initially, she was rushed to hospital with a suspected heart attack, but further tests revealed her arteries were free of blockages, and perfectly normal. Indeed, the mother-of-two had previously been 'fit as a fiddle' and led an active life.

However, the crippling chest pain persisted. 'It would stay for two or three weeks and then it would vanish for a month or so,' says the nursery manager from Brighouse, West Yorkshire.

'It was sometimes so severe that I couldn't even get up to boil the kettle. It felt like someone's fist was constantly pressing down on my chest. I kept going back to the doctors but they just didn't know what was wrong with me. They kept giving me pain medication but it didn't work.'

Within months, the active wife and mother of two was in such pain that she had 'no quality of life'. This continued for over a decade until doctors finally found the cause, and she was able to have effective treatment.

Dorothy's problem? Cardiac syndrome X. This disorder causes intense crushing pain in the chest, identical to that caused by a heart attack or angina.

However, unlike these other problems, where a blockage in the blood supply deprives the heart muscle of oxygen, there is no obvious physical cause for the chest pain in cardiac syndrome X. The patients are invariably very healthy, and the pain seems inexplicable.

Indeed, people are often told that it's all in their head. Yet the experts agree this pain is actually genuine. And now they are beginning to identify potential causes.

Recent studies using MRI scans have revealed that in some patients, tiny vessels that carry blood to the heart muscle fail to open properly, reducing the flow of blood. This results in the heart muscle being deprived of oxygen, which triggers intense pain. The condition is not thought to be life-threatening or to increase the risk of heart attack.

The blood vessel abnormalities thought to trigger syndrome X are only detected by MRI scans, which may explain why the problem is not spotted during conventional scanning methods. Suspected heart attack patients are given ultrasounds and angiograms that visualise the large arteries that supply blood to the heart, but these techniques are not sensitive enough to detect changes in the tiny blood vessels.

'It usually comes on with any type of exercise, although in some patients it can also be caused by stress,' says Professor Peter Collins, a cardiologist and specialist in the condition at the Royal Brompton Hospital, London.

**T**HESE vessel abnormalities are found in around a third of cases of cardiac syndrome X. These patients can be treated with drugs that improve blood supply to the heart muscle, such as beta blockers and calcium channel blockers.

Other treatments that can provide relief include asthma and blood-pressure drugs, which help open up the small vessels, while low-dose antidepressants such as imipramine may help tackle the

Crippling chest pain almost wrecked Dorothy's marriage — and it was all down to her mid-life hormones

pain by reducing the number of pain signals reaching the brain.

Another possible cause of cardiac syndrome X is changing oestrogen levels — menopausal women are particularly at risk of the condition, explains Professor Collins.

'This condition affects around nine women for every one man,' he explains. 'The peak ages affected are 50 to 55-year-olds, around the time of the menopause.'

'In fact, we believe it could be caused by a drop in levels of the hormone oestrogen.'

One theory is that this drop in hormones acts as a trigger for those who are susceptible. Another possibility is that rather than actually causing the pain, it increases the intensity of it — oestrogen is thought to help dull pain.

Cardiac syndrome X is known to affect 12,000 people, but experts say the true number could be far

higher, as many do not seek help, or are not referred for specialist treatment.

'I see 16 to 20 patients a week in my heart clinic. However, many patients across the country go unmanaged — they are told they don't have any heart problems and are simply sent away,' says Professor Collins.

'They often have trouble finding someone who will help them. A lot of GPs aren't aware of cardiac syndrome X, and there is even quite a lot of scepticism among cardiologists.'

'This leaves a patient thinking they are going mad, or that they are imagining the pain.'

Although it can sometimes bring it on, exercise is also known to reduce the frequency and intensity of the chest pain, possibly by improving blood flow to the heart. Some patients prove hard to treat,

signals are still being sent to the brain, but we try to develop ways of teaching the brain to pay less attention to them.

'Initially, we try relaxation techniques, as studies show muscle tension can significantly contribute to pain. Lots of the patients who come to us are very tense as they've been living with intense pain for some years.'

He then uses visualisation techniques to tackle the discomfort.

He adds that while there's no doubt the patients are in pain, tackling the psychological factors that could be prolonging or aggravating this pain is important.

'Syndrome X patients all tend to be life's doers and trouble-shooters. They're the type who solve problems for friends, family and colleagues, and are the ones others turn to in a crisis.'

'This can leave them anxious, frustrated and exhausted. We have to teach these people not to take on so much, and make time for themselves.'

Dorothy was referred to Professor Collins in 2009.

**H**ER diagnosis came by fluke, as she explains. 'I was reading an article in a British Heart Foundation magazine in my GP's surgery while waiting for one of my many appointments when I read about cardiac syndrome X.'

'I knew instantly this was what I was suffering from. It even talking about how the condition was related to a drop in female hormones, and I had a hysterectomy shortly before the symptoms started.'

Although Professor Collins thought hormones played a role in Dorothy's condition, none of the treatments he tried eased her pain. So he referred her to Daniel Fryer.

'At this stage, I was willing to try anything. My husband and I had been through a short separation due to the strain of this condition.'

'He was bearing the brunt of everything — and looking after the house and our two boys. I just wasn't the person I used to be.'

She had eight sessions with Daniel. 'He made me visualise scenes, such as walking down steps on to a beach. I then moulded the pain into the shape of things and threw them into the sea. Or I'd go to a tranquil clearing in a wood and throw the pain into a stream.'

Dorothy has not suffered with severe pain since her treatment.

'Sometimes, I feel it coming on but I know how to tackle it — I take myself back to the beach. And I know now that I have to relax. Previously I had a lot on my plate, I was very busy at work and never took a day off work, no matter how bad the pain was.'

'Even when I first had my suspected heart attack, I was calling work from the hospital ward checking everything was all right. I thought of myself as a strong woman, and didn't like to make a fuss or ask for help.'

'I don't know where I'd be if I hadn't had treatment, but I am concerned about the number of people out there feeling like I did, but who haven't got access to help.'

■ FOR more, go to [rbht.nhs.uk](http://rbht.nhs.uk)



Picture: ROSS PARRY AGENCY

Left in the dark: Dorothy Asquith

even if the cause of their pain has been found, and continue to suffer pain despite trying a vast range of treatments.

One new option is hypnotherapy — Professor Collins was aware that this had been used to treat other types of chronic pain, and decided to try this in his hard-to-treat patients.

The results were 'dramatic', he says, and his team have now started a clinical trial of hypnotherapy with 42 syndrome X patients.

As Daniel Fryer, a psychotherapist and clinical hypnotherapist who treats cardiac syndrome X patients at the Royal Brompton, explains: 'During hypnotherapy sessions we try to alter how the body perceives pain. The pain

## VITAMIN MATHS

The foods that add up to your recommended daily allowance



FIBRE stimulates the digestive tract and helps it work efficiently, preventing constipation. It also encourages the presence of healthy bacteria in the large intestine and slows down carbohydrate

absorption — making meals more satisfying, so helping with weight management. Other good sources are grain foods (especially wholegrain), pulses, fruit and veg.

ANGELA DOWDEN

## Medical miscellany

Why do my eyes always water when it's cold?

THE SURFACE of our eyes are covered in extremely accurate sensors that monitor changes in temperature — this ensures the eye has enough moisture to cover its surface (important if the light rays are to be properly focused in the eye). The sensors also detect any irritants in the eye, and deliver extra fluid to flush them out.

But when the eye comes into contact with very cold air or goes from a warm



environment to a cold one, the receptors get confused and think an irritant is in the eye.

They start producing moisture to protect it, which results in our eyes watering, explains Millind Pande, a consultant ophthalmologist at the Vision Surgery & Research Centre, Yorkshire.

He says that when surgeons operate on our eyes, they numb the surface so that the receptors don't work.

This ensures the eyes don't water during procedures.

DAVID HURST