

# **Cardiac history**

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## **Session Structure**

- 1- Introduction and Describing Aim & Objectives**
- 2- Chief complaint**
- 3- History of present illness**
- 4- Past medical history**
- 5- Systemic enquiry**
- 6- Family history**
- 7- Drug history**
- 8- Social history**

## Importance of History Taking

- Obtaining an accurate history is the critical **first step** in determining the **etiology** of a patient's problem.
- A large percentage of the time ( 70%), you will actually be able make a diagnosis based on the history alone.

## General Approach

- **Introduce yourself.**
  - Note – never forget patient's name
  - Create patient in a friendly relaxed way.
  - Confidentiality and respect patient privacy
- Try to see things from patient point of view.
- Understand patient underneath mental status, anxiety, irritation or depression.  
Always exhibit neutral position.
- Listening
- Questioning: simple/clear/avoid medical terms/open, leading, interrupting, direct questions and summarizing.

## Personal history

### Taking the history & Recording

- Always record personal details:
  - Name                      Age
  - Address                      Sex
  - Ethnicity                      Occupation
  - Religion                      marital status.
  - Record date of examination

## Personal history

### ➤ 1- Name: to the third name

- To be familiar with the patient.
- To differentiate patients from each others.

### ➤ 2- Age:

- Up to 5ys: congenital HD
- 5-15: Rheumatic fever.
- 10-25ys: Rheumatic valvular lesions.
- Middle age: vascular diseases.
- Around 40s: HTN and IHD
- Old age: IHD and degenerative valvular disease.

## Personal history cont.

### ➤ 3- Sex

- Female: DVT, pulmonary embolism (child-bearing age and with oral contraceptive use) and mitral stenosis.
- Male: IHD (before age of menopause) and mitral regurgitation.

### ➤ 4- Occupation

- Intellectual jobs: HTN, IHD.
- Farmers: bilharzial cor pulmonale.
- Working with vibrating machines: Raynaud`s.
- Bearing heavy objects: ppt factor for Ao dissection

## Personal history

- **5- Address and Residency:**
  - Rural areas: B cor pulmonale.
  - Towns: HTN and IHD.
  - Damp areas: RHD.
- **6- Marital state, no of children, menstrual history and use of contraception:**
  - Repeated abortions: \$ aortitis, aneurysm, AR.
  - Recent delivery: DVT, pulmonary embolism.
  - Contraceptive pills or injections: DVT and pulmonary embolism.

## Personal history

- **7- Special habits of medical importance**
  - a) **Smoking:** type, number/day, duration  
Effect of nicotine:
    - risk factor for IHD
    - HTN: increase incidence of atheroma
    - Arrhythmia: increase excitability of myocardium
    - Cyanosis: increase affinity of Hb to CO
  - b) **Alcoholism:** type, number of cups/day, duration  
Effect: cardiomyopathy
  - c) **IV addiction:** infective endocarditis
  - d) **Excess coffee and tea:** extrasystoles and IHD

## Personal history

- **8- Dietary habits:**
  - Fatty meals: IHD
  - Salts: HTN
  
- **9- Social history:**
  - Low socio-economic state: RHD
  - High social class: IHD d.t sedentary life.
  
- **10- Do not forget to record the date of examination.**

## Chief Complaint

## Chief Complaint

### **The patients complaint:**

**A simple statement in the patients own words and its duration.**

- The main reason push the pt. to seek for visiting a physician or for help
- Usually a single symptoms, occasionally more than one complaints eg: chest pain, palpitation, shortness of breath, ankle swelling etc
- The patient describe the problem in their own words.
- It should be recorded in pt's own words.
- What brings your here? How can I help you? What seems to be the problem?

## Chief Complaint

- You should mention onset, course and duration.
- In patient`s own words, for example:
- Dyspnea: difficulty in breathing
- Hemoptysis: cough of blood
- Palpitation: awareness of heart beats.
- LL oedema: swelling of lower limb
- Ascites: abdominal enlargement.

## History of Present Illness

## History of Present Illness

- **This means detailed history of the patients present illness which must provide answer for the following questions:**
  - 1- Duration
  - 2 - Mode of onset (acute, sub acute, chronic).
  - 3- Sequence of events:
    - I. Course (progressive, regressive or recurrent).
    - II. Appearance of new additional symptoms or disappearance of others.
    - III. Treatment received during the course & response.
  - 4-Analysis of each particular symptom.



## History of Present Illness

### ➤ In another meaning, Ask for:

- 1- analysis of the chief complaint with onset, duration and course.
- 2- tell the story in chronological manner: then what happened?
- 3- relevant symptoms in the same group.
- 4- symptoms of other groups.
- 5- investigations and treatment given to the patient.
- 6- symptoms suggestive other system affection.
- 7-chronic diseases as HTN and diabetes mellitus with duration, type, ttt, controlled or not.

## History of Present Illness

- 1-Symptoms of lung congestion.
- 2- Symptoms of systemic venous congestion.
- 3- Symptoms of low COP.
- 4- Pain    5- Palpitation    6-Pressure symptoms
- 7-cyanosis
- 8-jaundice
- 9-pallor and toxemia
- 10-Symptoms sugg HTN
- 11- sugg PVD
- 12-Embolic manifestations

## 1. Symptoms due to lung congestion

- Dyspnea.
- Acute pulmonary edema.
- Cough, hemoptysis.
- Recurrent chest infections

## (A) Dyspnea

### **Subjective awareness of uncomfortable breathing.**

- Ask for: Onset, duration, course
- Type and grade (exertional or at rest, nocturnal or not, positional or not)
- If associated with orthopnea or PND. (Platypnea).

### **Types of dyspnea:**

1-Exertional dyspnea

2-Orthopnea

3-PND

## (A) Dyspnea

### ➤ **Grades of dyspnea:**

Grade I on more than ordinary effort

Grade II on ordinary effort

Grade III on less than ordinary effort

Grade IV dyspnea on rest

Orthopnea: dyspnea on lying flat relieved by sitting up.

### ➤ **Paroxysmal nocturnal dyspnea (PND):**

severe attack of dyspnea starting early night last for 5-10 min, associated with cough and expectoration of copious watery frothy blood tinged sputum, profuse cold sweating, tachycardia decrease by sitting up.

## (B) Cough

➤ Onset, duration, course.

➤ Time (more at day or at night)

➤ With rest or exertion.

➤ Dry or productive+ character of sputum  
(amount, odour, colour, relation to posture)

**(C) Hemoptysis.**

No of attacks, dates, amount, nature (frank in MS, blood-tinged in MS, frothy blood-tinged in pulmonary oedema).

**(D) recurrent chest infectio**

- Congested lung liable for repeated infection and chest infection is ppt factor for HF

**2. Symptoms due to systemic congestion**

- Pain in the right hypochondrium.
- Dyspepsia.
- Swelling of lower limb.
- Swelling of the abdomen.
- Oliguria.
- Insomnia or headache

### 3. Symptoms due to low cardiac output

- (tissue hypoxia → brain, muscles, kidneys):
  - Exertional fatigue.
  - Blurring of vision.
  - Dizziness / Syncope.
  - Oliguria, Angina.

### 4. Chest pain

#### **(A)Of Cardiac Origin (OPQRST) :**

Ischemia, pericarditis, Dissecting aorta, Aortic Aneurysm

- **1-**Onset of disease. **2-** Position/site.
- **3-** Quality, nature, character – burning sharp, stabbing, crushing; also explain depth of pain – superficial or deep.
- **5-** Relationship to anything ,function/position.
- **6-** Radiation: where moved to.
- **7-** Relieving or aggravating factors – any activities or position.
- **8-** Severity – how it affects daily work/physical activities. Wakes him up at night, cannot sleep/do any work.

## Pearls regarding CAD

- Many patients don't have the classic text book symptoms.
- Angina doesn't always mean coronary artery disease.
- A high index of suspicion is necessary to avoid missing the diagnosis of acute aortic dissection.
- Not all patients with acute MI develop ECG changes.

## 5- Palpitation

- Onset, duration, course.
- Time (more at day or at night)
- With rest or exertion.
- Dry or productive+ character of sputum (amount, odor, colour, relation to posture)

## Syncope/pre-syncope – common causes

- Tachy or bradyarrhythmia
- Severe aortic stenosis/LVOT obstruction
- Ischaemia
- Vasovagal
- Postural hypotension
- Vasodepressor/neuro-cardiogenic syncope
- Neurological (CVA/TIA/bleed/seizure)
- Drug side-effects

### ➤ **6 ) Symptoms due to pressure of surrounding structures.**

- On oesophagus: dysphagia (difficulty in swallowing)
- Lt recurrent laryngeal n: hoarseness of voice
- Trachea: dry brassy cough
- Sympathetic trunk: Horner`s syndrome (ptosis, myosis, anhidrosis, enophthalmos)

## 7- Cyanosis

Bluish discolouration

**Ask for:**

- 1- Onset: early in CHD as Fallot tetralogy  
later in Eisenmenger`s or RT HF
- 2- Site: tongue and nails.....central cyanosis or nails  
only.....peripheral cyanosis  
Upper or LL for differential cyanosis. (in PDA:LL)
- 3- Exertional or at rest
- 4- Cyanotic spell and squatting: F4
- 5- Associated symptoms: convulsions, angina, syncope and clubbing.

### ➤ 8 - Jaundice

Yellowish discoloration of eye.

**Ask for:**

- Onset, duration, course.
- Itching.
- Colour of urine and stool.

### ➤ 9 -pallor and toxemic symptoms

**Ask for:**

Fever, night sweating, loss of weight and loss of appetite



## 10-Symptoms suggestive of embolic manifestations

- 1-Brain: hemiplegia (weakness of...).
- 2-Eyes: sudden blindness
- 3-Kidneys: painless hematuria in kidney infarction (blood in urine)
- 4-Spleen: pain in lt hypochondrium in splenic infarction.
- 5-Intestine: intestinal gangrens in mesentric occlusion (bleeding per rectum).
- 6-Peripheralvessels:peripheral ischemia(coldeness,cyanosis,pain)

## 11-Symptoms suggestive HTN

Ask for:

- Headache, blurring of vision, tinitus, vertigo and epistaxis (bleeding from nose).

## 12-Symptoms suggestive peripheral vascular disease

- Cold extremities, intermittent claudication, and pain.

### **History of Present Illness - Tips**

- Avoid medical terminology and make use of a descriptive language that is familiar to them
- Elaborate on the chief complaint in detail
- Ask relevant associated symptoms
- Have differential diagnosis in mind
- Lead the conversation and thoughts
- Decide and weight the importance of minor complaints

### **Past History**

- 1- Similar attacks.
- 2-Rheumatic fever: redness,hotness and swelling of big joints, repeated tonsillitis or hoistory of long acting penicillin intake.
- 3-T.B: toxemia or drugs that change colour of urine to red or for long periods, admission to chest hospital
- 4-Syphilis: skin lesions in genitalia.
- 5-Bilharziasis: terminal hematuria, dysentry or drugs.
- 6-Past history of operations as open heart surgery.

## Drug History

## Drug History

- Always use generic name or put trade name in brackets with dosage, timing and how long. Example: Ranitidine 150 mg BD PO.
- Note: do not forget to mention OCP/Vitamins/Traditional medicine

## Family History

## Family History

- 1- Similar condition: RHD or CHD.
- 2- Congenital abnormality.
- 3- Consanguinity.
- 4- HTN, DM, T.B or syphilis



Thank  
You