

Descriptive Terms Used by Malay Patients for Exertional Angina Pectoris

Y Khalid, FRCP*

O Malina*

A Rofiah*

M Latinah*

A Z Thahirahtul*

M S Zaridah*

M H Tan, MRCP**

* Department of Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Raja Muda Abdul Aziz, 50300 Kuala Lumpur

** Department of Medicine, Kuala Terengganu Hospital, Kuala Terengganu, Terengganu

Summary

Description of the chest pain of angina pectoris by patients is commonly used in the diagnosis, evaluation and monitoring of ischaemic heart disease. Whilst certain descriptive terms have been identified as describing angina and not other causes of chest pain, these terms have not been systematically evaluated among local Malaysian patients. Reliance on a translation of the description used by Western patients may not be totally correct in the local context.

Seventy-one Malay patients with documented ischaemic heart disease were asked, by questionnaire and by interview, to identify the descriptive terms they used for their angina pectoris. Common terms used by these patients were *sempit* (constrictive) [56.3%], *mencucuk* (pricking) [54.9%], *berat* (heavy) [53.5%], *panas* (burning) [50.7%], *menekan* (pressing) [46.4%], and *pedih* (smarting) [43.7%]. Other less common descriptions used were *tajam* (sharp), *mencengkam* (strangulating), *hempap* (compressive), *ngilu*, *hiris* (knife-like), *lengoh* (aching). Two-thirds of the patients used more than three terms to describe their angina pectoris. Direct translation of the description of angina may not only be inaccurate but could also be misleading. It is suggested that the actual words used by the patients in Bahasa Malaysia be recorded in the patient's notes rather than a translation of these. More studies are required to determine whether the terms used by the patients in this study are related to local dialect (in this case Terengganu) or are actually common in Malaysia. Further, similar studies among Chinese and Indian patients are also required.

Key Words: Angina, Malays, Descriptive terms

Introduction

Whilst objective means are available to diagnose, document and quantify cardiac ischaemia, careful history remains important not only in everyday clinical practice but also in monitoring therapy. Although there are a number of causes for chest pain, certain

descriptive terms eg. heaviness, tightness and choking are more often used by patients to describe their angina pectoris¹⁻³ whilst a description of sharp or pricking tends to point to other diagnoses for the chest pain⁴⁻⁶. A systematic study to determine the description of angina pectoris among Malaysian patients has not

been done. Health workers in Malaysia tend to rely on a translation into Bahasa Malaysia of descriptions used by Western patients. This may not be accurate or appropriate for the local population. Thus the aim of this study was to identify the terms used by Malay patients with documented coronary artery disease to describe their angina pectoris.

Patients and Methods

Seventy-one consecutive Malay patients with documented coronary artery disease attending the Physician Clinic, Kuala Terengganu General Hospital, were enrolled into the study. All patients had chronic stable angina pectoris with typical ischaemic changes on their electrocardiograms (ECGs) and/or positive exercise tolerance test. Patients who were illiterate or had other causes for chest pain eg. aortic stenosis or dyspepsia were excluded from the study. Also excluded were those whose ECGs showed left ventricular

hypertrophy or bundle branch block or intraventricular conduction defect.

The patients were requested to describe their chest pains when they experienced angina pectoris on exertion. Patients were then asked by trained interviewers to identify descriptive terms from a prepared list of terms which would be used by the patients to describe their angina.

Results

Seventy-one Malay patients with ischaemic heart disease were included in this study. They consisted of 54 men and 21 women with a mean age of 55.9 ± 10.3 years for men and 57.7 ± 11.1 years for women. Sixteen (22.5%) subjects had never been to school whilst of the 55 (77.5%) subjects who had formal education, 4 (5.6%) were college or University graduates, 20 (28.2%) were secondary school and 30 (42.3%) primary school leavers.

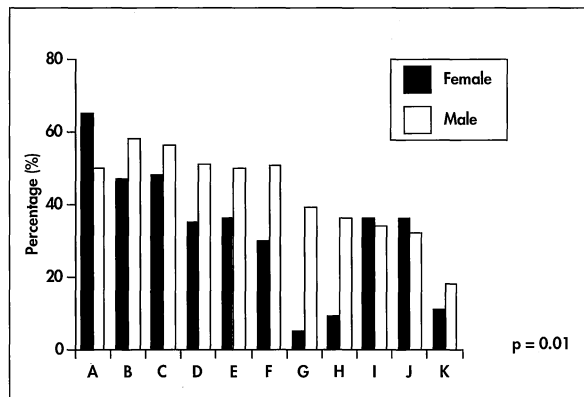


Fig. 1: Symptom description by males and females

KEY	MALAY	ENGLISH
A	<i>sempit</i>	constrictive
B	<i>berat</i>	heavy
C	<i>mencucuk</i>	pricking
D	<i>menekan</i>	pressing
E	<i>panas</i>	burning
F	<i>pedih</i>	smarting
G	<i>ngilu</i>	nerve racking
H	<i>hempap</i>	compressive
I	<i>tajam</i>	sharp
J	<i>mencengkam</i>	strangulating
K	<i>hiris</i>	knife like

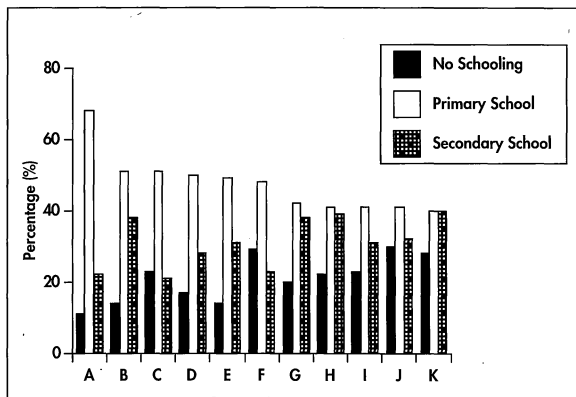


Fig. 2: Symptom description by patients with differing levels of education

KEY	MALAY	ENGLISH
A	<i>hiris</i>	knife like
B	<i>ngilu</i>	nerve racking
C	<i>sempit</i>	constrictive
D	<i>panas</i>	burning
E	<i>pedih</i>	smarting
F	<i>hempap</i>	compressive
G	<i>menekan</i>	pressing
H	<i>mencucuk</i>	pricking
I	<i>mencengkam</i>	strangulating
J	<i>berat</i>	heavy
K	<i>tajam</i>	sharp

Common terms used by these patients to describe their exertional angina pectoris were *sempit* (constrictive) [56.3%], *mencucuk* (pricking) [54.9%], *berat* (heavy) [53.5%], *panas* (burning) [50.7%], *menekan* (pressing) [46.4%], and *pedih* (smarting) [43.7%]. Other less common descriptions used were *tajam* (sharp), *mencengkam* (strangulating), *hempap* (compressive), *ngilu*, *hiris* (knife-like), *lengoh* (aching). Two-thirds of the patients used more than three terms to describe their angina pectoris. Figure 1 shows that male patients tended to use terms such as *berat* (heavy), *menekan* (pressing), *hempap* (compressive), *hiris* (knife-like), *mencucuk* (pricking), *panas* (burning), *pedih* (smarting) and *ngilu* more often than female patients. Female patients, on the other hand, tended to use terms like *sempit* (constrictive), *mencengkam* (strangulating) and *tajam* (sharp) more often than males. Figure II shows the terms used by patients when their level of education was taken into account indicating that formal education did not influence the type of descriptive terms used by the patients.

Discussion

Careful history taking remains an important source of information for the diagnosis, evaluation and monitoring of patients with angina pectoris. Reliance on the (translated) terms used by Western patients may be inappropriate and perhaps misleading. Whilst terms such as *berat* (heaviness) and *sempit* (constrictive) were commonly used for angina by Malay patients as in Western patients, Malay patients also commonly used such terms as *tajam* (sharp), *mencucuk* (pricking) and

panas (burning) which, in Western patients, would suggest other diagnoses, especially if the other associated features of the pain indicate a non-cardiac source⁷. Further, in our patient population, many patients tended to use, presumably interchangeably, more than one term for their angina pectoris. Males tended to use slightly different descriptive terms than females. Formal education does not seem to have an impact on the description of the angina pectoris.

It is suggested for clarity and accuracy that the terms used by patients in describing their angina be written down *de novo* in Bahasa Malaysia in their notes. Recording a translation of the terms used by the patients may pose an inaccuracy. Health workers need also be aware that patients may use more than one term to describe their angina. It is not clear however whether, due to dialect differences, Malay patients in other localities may use different descriptive terms. Further, Chinese and Indian patients may again describe their angina pectoris differently and the often translation of their description may pose difficulties as well as inaccuracies. More studies are needed to address these important issues.

Acknowledgement

The authors wish to acknowledge with gratitude Ms Anis Johara for helping in the preparation of this manuscript and the Ministry of Science, Technology and Environment for providing IRPA Grant 03-07-03-077 which enabled the successful conduct of this project.

References

1. Braunwald E. Heart disease. A textbook of cardiovascular medicine. 4th ed., Philadelphia, W B Saunders p. 1-12.
2. Matthews MB and Julian DG. Angina pectoris: Definition and description. In Julian, DG (ed.). Angina Pectoris. New York, Churchill Livingstone, 1985. p. 1-2.
3. Sutton GC. Symptoms of heart disease. In Julian, D.G. (ed.): Diseases of the Heart. London, Bailliere Tindall, 1989, pp. 89-99.
4. Christie LG Jr, and Conti CR. Systematic approach in the evaluation of angina-like chest pain: Pathophysiology and clinical testing with emphasis on objective documentation of myocardial ischaemia. Am Heart J 1981;102 : 897-912.
5. Conte MR, Orzan F, Magnacca M, et al. A typical chest pain: Coronary or esophageal disease? Int J Cardiol 1986; 13 : 135-42.
6. Constant J. The clinical diagnosis of nonanginal chest pain: The differential diagnosis of angina from nonanginal chest pain from history. Clin Cardiol 1983;6 : 11.
7. Selzer A.: Principles and Practice of Clinical Cardiology. 2nd ed. Philadelphia, WB Saunders, 1983, p. 17.