

## LETTERS TO THE EDITOR

scale score) may contribute more to the understanding of role of stresses in patients with chest pain than arbitrary groups depending upon only the number of stresses.

### REFERENCES

**Alexander,P.J., Prabhu,S.G.S., Krishnamoorthy, E.S. & Halkatti,P.C. (1994)** Mental disorders in patients with noncardiac chest pain. *Acta Psychiatrica Scandinavica*, 89, 291-293.

**Bass,C. & Wade,C.(1984)** Chest pain with normal coronary arteries - A comparative study of psychiatric and social morbidity. *Psychological Medicine*, 14, 51-61.

**Dave,M. & Dhavale,H.S. (1999)** A comprehensive study of psychological factors in patients with normal and abnormal angiographic findings. *Indian Journal of Psychiatry*, 41, 4, 314-319.

**Katon,W., Hall,M.L., Russo,J., Cormier, L., Hollifield,M. & Vitaliano,P.P. (1988)** Chest pain : Relationship of psychiatric illness to coronary arteriographic results. *American Journal of Medicine*, 84, 1,1-9.

NILAMADHAB KAR\*, MD, DPM, DNB, Asstt. Professor & K. VARUNI, MBBS, Resident, Department of Psychiatry, Kasturba Medical College, Manipal-576 119.

\*Correspondence

---

### PSYCHOLOGICAL FACTORS IN ATYPICAL CHEST PAIN

Sir,

We have read with interest the article on psychological factors in patients with normal and abnormal angiographic findings by Dave and Dhavale (1999) in *Indian Journal of Psychiatry*. The authors have brought out that patients with atypical chest pain had lower prevalence of type A behaviour and a unique 16-PF profile. However following points require reconsideration.

Similar studies by Katon et al. (1988), Bass et al. (1984) and Alexander et al. (1994) have evaluated patients remaining blind to the cardiological status. The authors in the index study have selected two groups of 30 patients on the basis of coronary angiographic findings. The knowledge of these findings might have generated considerable bias during evaluation.

The authors have specifically excluded rheumatic heart disease, valvular heart disease, ischaemic cardiomyopathy and congenital heart diseases in the controls (group B) who had abnormal coronary angiography and a diagnosis of ischaemic heart disease. As these disorders were not ruled out in group A it would be difficult to assume that the chest pain in them was atypical. The authors have not mentioned what other major physical illnesses were ruled out.

The type of stresses and their severity (according to presumptive stressful life event