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Treadmill? No, this is the test every heart patient should have...

By [Rachel Ellis](#)

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When Dhansukh Kansara started suffering from tiredness and shortness of breath, his GP feared it could be angina and referred him for heart tests.

Like thousands of other people, he underwent a treadmill test. This involves exercising on a treadmill or bike with electrodes attached to the chest, so that the electrical activity of the heart can be monitored.

But when the results came back, they were inconclusive because Mr Kansara wasn't able to complete the test due to his breathlessness.



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Chest pain: Patients with a moderate risk of heart disease should now be offered tests such as CT and nuclear heart scans

The 65-year-old engineer from London, who was receiving private medical treatment, was then offered a series of other tests, including a Dual Source CT scan of his heart - a series of X-rays which are put together to provide an extremely detailed picture of the heart.

Alarmingly, it revealed he had severe narrowing of all three arteries supplying his heart with blood.

'I had been getting tired and short of breath when climbing just one flight of stairs. I wasn't in pain, but decided to go to my GP,' explains father-of-four Mr Kansara.

'It was only when I had a CT scan that they found I had a serious heart condition which was previously unknown. I was offered open heart surgery, but opted for an operation to insert four stents to keep the arteries open.

'Doctors said if I hadn't had the surgery, I could have been dead within six months.'

If he had been an NHS patient he might not have been offered this further test.

Mr Kansara is one of hundreds of thousands of people who undergo exercise tests.

For the past 50 years, the treadmill test has been used to identify heart conditions. But the way many of these patients are diagnosed is set to change following advice issued by the National Institute for Health and Clinical Excellence (NICE).

Last month, it ruled that for the majority of patients with chronic chest pain or shortness of breath which is suspected to be heart-related, this test is out of date.

This is because patients are now taking more medication and the heart disease process has changed, making the test less sensitive.

There's a real chance the treadmill test could lead doctors to assume that the symptoms are not heart-related, because exercise doesn't always trigger the problems.

And if patients with a heart condition are not identified and treated, they could suffer a heart attack or sudden death.

Instead, patients with a moderate risk of heart disease and chest pain should now be offered tests such as CT and nuclear heart scans - where a tiny amount of radioactive substance is injected into the bloodstream then its journey to the heart is tracked.



© Ben Lister

Heart ache: Tests found Mr Kansara had a serious condition

Some patients are not being offered these scans at the moment, depending on where they live and which hospital they attend.

Adam Timmis, a consultant interventional cardiologist at the London Chest Hospital and chairman of NICE's clinical guideline group, explains: 'We have identified tests which are better.'

'Tests such as CT scanning, MRI and nuclear scanning are slightly more expensive - but when you factor in effectiveness, they are better value for money.'

Mr Kansara says: 'The CT scan gave the doctors the evidence they needed, while the treadmill test was not 100 per cent.'

'The accuracy of the scan is amazing - it gives you a clear, honest picture. I shudder to think what would have happened if I hadn't had it.'

Diagnosing chest pain is not easy. While it is associated with heart conditions such as a heart attack or angina (both caused by a narrowing or blockage of the arteries), it can also simply be just one of the signs of indigestion or muscle pain.

It is estimated that between 20 and 40 per cent of people experience chest pain during their lives and it accounts for 700,000 visits to A&E every year. For those patients with severe chest pain (who may be having a heart or angina attack), emergency medical treatment is urgently needed.

However, many hundreds of thousands of people experience chronic chest pain - the cause of which tends to be diagnosed and treated at specialist pain clinics.

This may be a sign of stable angina, which is pain brought on by activity or stress but alleviated with medication or rest.

It is these non-urgent cases that should be offered the new CT and nuclear scans.

There seems to be no dispute that CT scans can diagnose the cause of chest pain more accurately and quickly (the CT scan takes just seven seconds to carry out).

However, some experts are concerned the NHS doesn't have the technology or staff to carry out these scans in every hospital.

According to consultant cardiologist Avijit Lahiri, of the Wellington Hospital, London, a CT heart scan carried out by an untrained person is worse than not doing the scan at all.

'The NHS doesn't have the latest technology widely available nor the people trained to use it,' he says. 'Without trained people scanning a lot of heart problems, things are going to be missed because people will interpret the scans incorrectly and recommend inappropriate treatment.'

'The principle is fantastic and welcome, but the strategy needs to be clarified.'

Until all NHS hospitals have the technology to carry out CT heart scans, Mr Lahiri believes patients should be sent to specialist centres to be diagnosed - there are more than a dozen.

A trial he is conducting involving 1,000 patients over two years shows that by CT scanning patients with chronic chest pain, up to 50 per cent can be discharged because there is nothing wrong with their heart.

Many could be prevented from undergoing further tests, saving the NHS around £200 million a year. So how do you ensure you get the recommended checks, especially if you don't have private medical insurance?

'Patients now have much more choice about where they are treated, so they should go to a hospital which offers the best services,' says June Davison, a cardiac nurse with the British Heart Foundation.

'In many hospitals, chest pain patients are already receiving the recommended treatment.'

'However, it will take some considerable time before every hospital has the right equipment, resources and expertise to use it.'

'Every minute counts in a heart attack, so anyone who experiences chest pain should call 999 to give themselves the best possible chance of survival.'

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