**Introduction**

**Asian context**

It should be realized that subjective respiratory symptoms are common among those exposed to asbestos and this theme requires careful examination when monitoring asbestos-related diseases.

**Critical appraisal**

First authored by a UOEH researcher. In a cross-sectional study using a standardized questionnaire administered on 621 subjects, researchers found that chest pain is common in subjects with asbestos-related disorders and silicosis.

**Unique keywords**

Chest pain, cough, dyspnea

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**Abstract**

Background: Chest pain may be the first symptom of developing respiratory malignancy, particularly in subjects with asbestos exposure, yet little information exists on this topic.  
Aims: To investigate chest pain in a cohort of subjects exposed to asbestos and silica dust applying for compensation.  
Methods: Cross-sectional study using a standardized questionnaire. Data collection included: smoking history, Medical Research Council scales of exercise capacity and respiratory symptoms.  
Results: We studied 621 subjects. Six disease groups were categorized: asbestosis (n=27), diffuse pleural thickening (DPT) (132), asbestosis and DPT (14), silicosis (26), pleural plaques only (160) and healthy subjects with a history of dust exposure (256). Crude prevalence rates of chest pain were high, with chest pain approximately twice as common in subjects with asbestos-related disorders and silicosis as in healthy subjects, with an overall frequency of ~40%. However, when other variables were taken into account in a multivariate analysis the differences between groups disappeared. The factor most significantly related to chest pain was age.  
Conclusions: Chest pain is apparently common in subjects with asbestos-related disorders and silicosis, but after adjustment for other variables, no increased prevalence was apparent in subjects with pleural disorders. More sophisticated questionnaires and dedicated imaging are required to elucidate this further.
Factsheet on Asbestos and Asbestos-Related Diseases

### Annotation

| Fact 1 | The crude prevalence of dyspnea, chest pain and cough differed significantly among the six different groups studied (p < 0.01), i.e., asbestosis, diffuse pleural thickening, asbestosis and diffuse pleural thickening, pleural plaques only, silicosis, healthy but exposed to asbestos. |
| Fact 2 | Chest pain was present in 43% of subjects with diffuse pleural thickening and asbestosis compared with 38% of subjects with pleural plaques (non-significant) and dyspnea in 77% of these subjects compared with 45% of those with pleural plaques (p < 0.001). |
| Fact 3 | Odds ratios for dyspnea were significantly increased by increasing age over 50 years. |
| Fact 4 | Breathlessness was the only symptom statistically significantly elevated by 14% by the presence of diffuse pleural thickening and by 22% by the presence of asbestosis and diffuse pleural thickening. |
| Fact 5 | |

### References