SYMPTOM

Chest pain

Chest pain is discomfort in the chest that may feel like pressure, burning, aching, or a sharp pain.

WHAT IT FEELS LIKE
Pressure, squeezing, burning, stabbing, or aching in my chest

WHERE IT IS FELT
Front of the chest, sometimes spreading beyond it

MOST COMMON CAUSES
Muscle strain, acid reflux, anxiety

WHEN IT IS URGENT
New or worsening pain without emergency warning signs

USUALLY LASTS
Seconds to hours, based on the cause

SEE A DOCTOR IF
Recurring pain or pain disrupting sleep, meals, or activity

Overview

Chest pain means discomfort anywhere between your neck and upper abdomen. It may come from the muscles, ribs, lungs, food pipe, heart, or nearby nerves. Although it is sometimes called "heart pain," many episodes do not come from the heart.

How the pain feels can offer clues, but it cannot confirm the cause. Serious and non-serious conditions can sometimes feel similar. New, unexplained, severe, or worsening chest pain should be assessed promptly.

What it may feel or look like

Chest pain can feel like:

The discomfort may stay in one spot or spread to your shoulder, arm, neck, jaw, back, or upper abdomen. It may last seconds, minutes, or longer. It can occur during activity, after eating, while resting, or during emotional stress.

Other symptoms may include shortness of breath, nausea, sweating, dizziness, a fast

heartbeat, coughing, fever, or difficulty swallowing. These details help a clinician decide which causes are more likely.

- Pressure, heaviness, tightness, or squeezing
- Burning or indigestion
- A dull ache or tenderness
- A sharp or stabbing pain
- Pain that worsens with movement, touch, coughing, or a deep breath

Common causes

Common causes include strained chest muscles and inflammation where the ribs join the breastbone, called costochondritis. These often cause tenderness or pain that changes with movement, pressure, or deep breathing.

Acid reflux can cause burning behind the breastbone when stomach contents move into the food pipe. It may be worse after meals, when bending, or when lying down.

Anxiety and panic can cause chest tightness, rapid breathing, a racing heart, tingling, and fear. These symptoms are real, but chest pain should not automatically be attributed to anxiety without considering other causes.

Respiratory infections can also cause soreness from repeated coughing or irritation around the lungs.

Less common causes include shingles, gallbladder problems, an ulcer, spasm of the food pipe, asthma, or inflammation around the lungs or heart. Shingles pain may begin before its one-sided blistering rash appears.

Urgent causes include reduced blood flow to the heart, a heart attack, a blood clot in the lung, a collapsed lung, or a tear in the body's main artery. These are less common than muscle or digestive causes, but they need rapid assessment.

When to seek medical care

Call emergency services now if chest pain is severe, lasts more than a few minutes, keeps returning, or feels like pressure, squeezing, or heaviness, especially with:

Do not drive yourself if a heart or lung emergency may be occurring. Follow the emergency operator's instructions rather than taking someone else's medicine.

Seek same-day medical advice for new or worsening unexplained chest pain, even if it has stopped, when none of the emergency signs above are present. Prompt advice is also appropriate for pain during physical activity or pain accompanied by fever and breathing discomfort.

Book a routine appointment if mild pain keeps returning, affects sleep or normal activities, regularly follows meals, or has not improved as expected. Mention any personal or family history of heart or lung disease.

- Shortness of breath, sweating, nausea, fainting, or marked weakness
- Pain spreading to an arm, the jaw, neck, back, or upper abdomen
- A sudden fast or irregular heartbeat with dizziness
- Sudden severe pain with major breathing difficulty
- Coughing up blood
- Sudden tearing pain that moves into the back
- Chest pain after a serious injury

How the cause is found

A clinician will ask when the pain started, what it feels like, where it spreads, and what makes it better or worse. They may ask about meals, exercise, recent illness, injury, stress, medicines, smoking, and your medical history.

The examination may include listening to your heart and lungs and checking whether touch or movement reproduces the pain.

Depending on the symptoms, tests may include an electrocardiogram, or ECG, which records the heart's electrical activity. Blood tests can look for signs of heart muscle injury. A chest X-ray may identify some lung, rib, or heart problems. Further heart, lung, or digestive tests are used only when the findings suggest they are needed.

Treatment and self-care

Treatment depends on the cause. Heart and lung emergencies require hospital care. Reflux may be managed with dietary changes and acid-reducing medicine like omeprazole or lansoprazole . Muscle or rib-joint pain may improve with rest, gradual return to movement, and suitable pain relief. Infections, anxiety, and other causes need their own approach.

For mild, familiar pain that has already been assessed, it may help to avoid the activity or meal that triggers it and keep a brief record of symptoms. Note when pain occurs, how long it lasts, and any related symptoms.

Do not use improvement after an antacid or pain reliever as proof that the cause is harmless. Avoid strenuous activity during unexplained chest pain, and seek advice before using non-prescription medicines if you have other health conditions or take regular medication.

What to expect

Chest wall pain may settle over days or weeks, while reflux or anxiety-related symptoms may return when triggers are present. Recovery from an infection depends on the illness.

Follow-up may be needed if the first assessment does not explain the pain or if symptoms continue. Seek reassessment sooner if the pattern changes, the pain becomes more frequent, or new breathing, fainting, sweating, or spreading pain develops.

Common questions

Can chest pain be caused by stress?

Yes. Stress and panic can tighten chest muscles and change breathing and heart rate. Because other conditions can feel similar, new or unusual pain still deserves appropriate assessment.

Does sharp pain mean it is not the heart?

No. Sharp pain is often linked to the chest wall or breathing, but the feeling alone cannot safely identify the cause.

If pressing the area hurts, is it only muscular?

Tenderness makes a chest wall cause more likely, but it does not completely rule out another problem. Consider the full pattern and any warning symptoms.

Can indigestion feel like heart pain?

Yes. Reflux and heart-related pain can both cause burning or pressure behind the breastbone. Seek urgent help when the pain is new, unexplained, severe, or accompanied by emergency warning signs.

Sources

- 2021 AHA/ACC Guideline for the Evaluation and Diagnosis of Chest Pain , American Heart Association and American College of Cardiology, Circulation , 2021
- Chest pain of recent onset: assessment and diagnosis , National Institute for Health and Care Excellence, Clinical Guideline CG95
- Chest pain , NHS
- Chest pain , MedlinePlus, US National Library of Medicine