in patients with cocaine-associated chest pain who do not have evidence of ischemia or cardiovascular complications, but there is no study in literature assessing the cost benefit and in particular, the long-term outcomes of IT vs. NIT in patients with CICP admitted to the hospital.

Methods: Retrospectively data of 83 consecutive patients from 2002-2010 who were admitted with CICP with positive urine drug screen was analyzed. Cost of admission of each patient was calculated including cost of hospital stay, medications, laboratory tests, EKG, cardiac stress test and left heart catheterization. IT arm included patients who underwent left heart catheterization (LHC), NIT arm included patients managed conservatively (with or without stress test). Medical records of these patients were followed for 2 years to look at the number of readmissions for CICP. A Man-Whitney U test was calculated to compare cost in the IT vs. NIT. A Chi-square test was done, to compare the incidence of readmissions between the two groups.

Results: Among patients with CICP, 17 patients underwent IT, 66 patients were managed conservatively (NIT). Overall, average length of stay was 2.7 days and cost of hospitalization was $5336.54. Man-Whitney U test revealed that the total hospitalization cost in the IT group (M-place=69.24) was significantly higher (U=98.000, p<0.001) than the NIT group (M-place=34.98). Median cost in IT group was $8626.06 vs. $3674 in NIT group. 16 patients had at least one readmission in 2 years. Overall, there were 41 readmissions (Average 0.59 readmissions per person in 2 years). There was no significant difference in the number of readmission between the IT and NIT groups [Chi-square (DF=1) 1.108, p=0.293].

Conclusion: Patient admitted with CICP who were managed conservatively had lower cost of management and similar number of readmissions compared to subjects who were managed invasively. Conservative management can be preferred in patients with CICP.