women with undiagnosed chest pain syndrome (CPS), no prior established cardiac disease and at least 2 risk factors were randomized to one of three diagnostic protocols, primarily utilizing either EST, exercise echo (EEx) or Dobutamine stress echo (DSE). After establishing a diagnosis of cardiac or non-cardiac CP, patients were followed for at least 2 years to assess symptom and clinical course. Results: The testing protocols defined 15.2% of the patients as having cardiac and 84.6% non-cardiac CP. Initially indeterminate testing occurred in 25.9% of IFSP patients, 3.5% of EEx patients, and none of the DSE patients. In a mean follow-up of 27.3 months, 12 patients (7.6%) were determined to have had cardiac chest pain based on clinical events (including 2 Mls, no deaths), 179 (71.6%) non-cardiac chest pain, and 53 (29.3%) remain clinically unresolved. The positive and negative predictive values for the testing modalities based on these clinical outcomes is as follows: EST 50.0%, 97.4%; EEx: 44.4%, 100%; DSE 75.0%, 97.1%. Conclusions: 1. Chest pain is uncommonly associated with ischemic disease in women and has a favourable prognosis. 2. Echo based testing modalities are less commonly indeterminate than EST and therefore likely to provide more timely and cost effective diagnoses. 3. All testing modalities have excellent negative predictive values. Echo based testing appears to provide fewer false positives.

1019-34 Risk Stratification and Prognosis in Octogenarians: A Stress Echocardiographic Study
Entashan A. Qureshi, Umber Burhan, Azeem Saeed, Mohammad A. Khan, Muhammad Fахмuddin, Reza Mohammadi, Suh-Sun Yao, Faroco A. Chaudhry, St. Luke’s-Roosevelt Hospital Center, New York, NY

Background: The prognostic value of stress echocardiography (SE) for the diagnosis and risk stratification of coronary disease in octogenarians is not well defined. Methods: Follow-up of five years (mean 2.9 ± 0.9 years) for confirmed non-fatal myocardial infarction (n = 9) and cardiac deaths (n = 20) was obtained in 366 patients, age ≥80 years (mean age 84 ± 3 years, 44% males) undergoing SE (34% treadmill, 66% dobutamine). Left ventricular (LV) regional wall motion was assessed by consensus of 2 readers and scored as percent standard 16-segment model. 5-point scale of wall motion analysis. Ischemic LV wall segment was defined as a deterioration in the thickening and excursion during stress (increase in wall-motion score ≥1 grade). Results: Univariate predictors of cardiac events were: age (p < 0.01), achieved heart rate (p = 0.03), ischemia on stress echocardiogram (p < 0.001), LV ejection fraction (EF) ≤40% (p = 0.001) and previous history of MI (p = 0.01). In a multivariate logistic regression model, ischemia was the best predictor of cardiac events superceding LV EF (OR 5.83; p < 0.001). Presence of ischemia in octogenarians increased the cardiac event rate four folds when compared with those without ischemia (event rates 5.0%/year versus 1.6%/year, p = 0.001). Conclusions: Stress echocardiography yields prognostic information in the risk stratification of octogenarians. A normal, non-ischemic study can confer a benign prognosis (1.6%/year event rate). Ischemia and LV dysfunction are independent markers of poor outcome.

1260-6 Elevated Serum Creatinine Is Independently Associated With Abnormal Stress Myocardial Perfusion Imaging in Males Presenting to the Emergency Department With Chest Pain
Sabahar Bochat, Abu Shoyeb, Steven R. Bergmann, New York Presbyterian Hospital, College of Physician and Surgeons, Columbia University, New York, NY

Background: Conventional coronary artery disease (CAD) risk indicators do not fully predict CAD. Our objective was to assess the value of serum creatinine (Cr) as a marker of CAD as defined by abnormal stress myocardial perfusion imaging (MPI) in patients presenting to the emergency department (ED) with chest pain, non-diagnostic electrocardiograms (ECG) and normal troponin levels. Methods: We studied 176 males and 237 females (mean age 58 ± 13 years) presenting to the ED with chest pain. Patients were stratified based on Cr ≥ 1.1 mg/dL for males and > 0.9 mg/dL for females. All underwent stress MPI. Patients with a prior history of CAD and Cr > 3 mg/dL were excluded. Results: Of the 73 males with Cr ≥ 1.1 mg/dL, 52% had abnormal stress MPI. Only 25% of the 103 males with Cr < 1.1 mg/dL had an abnormal MPI (p < 0.001). Sensitivity, specificity, positive predictive value, and negative predictive value were 63, 72, 62, and 75%, respectively. Cr was not predictive of abnormal MPI in females. In a multivariate model adjusted for cardiovascular risk factors, Cr was highly independently associated with abnormal stress MPI (Table). Conclusion: The independent association of elevated Cr in males with abnormal stress MPI suggests that Cr adds additional value to conventional risk indicators in predicting CAD.