CHEST PAIN TYPE STILL MATTERS IN THE MODERN ERA

Moderated Poster Contributions
Poster Sessions, Expo North
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Session Title: The Best of Risk Stratification in SIHD
Abstract Category: 10. Chronic CAD/Stable Ischemic Heart Disease: Clinical
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Authors: John Paul Vavalle, Linda Shaw, Lan Shen, Pamela Douglas, Duke University Medical Center, Durham, NC, USA

Background: The diagnostic and prognostic value of angina type are understudied in the contemporary era.

Methods: Stable patients without known CAD undergoing cardiac cath were used to define associations of angina type and stress test results with CAD prevalence and long-term outcomes.

Results: 17,182 patients underwent initial catheterization between 1996-2010. Typical angina was present in 5867 (34%), atypical in 5850 (34%), non-anginal in 313 (2%) and no pain in 5152 (30%). The highest rate of CAD (75%) was found in those with typical angina and a negative stress test, while the lowest rate (11%) was found with non-anginal pain and a positive stress test. Patients with typical pain had the highest 1y revascularization rates and 10y MI rates (61% and 8%) while those with non-anginal pain had the lowest (12% and 3%). Multivariable adjusted hazard rates for death, MI, and revascularization (figure) demonstrate the highest risk of death in those without pain and the highest risk of revascularization with typical pain. Consequently, > 10 yr Kaplan-Meier analysis demonstrated higher survival in those with a positive vs negative stress test (p=0.0001).

Conclusions: Anginal symptoms are strongly associated with CAD prevalence and long-term outcomes regardless of stress test result. Patients referred for cath despite a negative stress test were more likely to have typical angina, CAD, and worse long-term outcomes. Understanding patients’ clinical symptoms remains important in the modern era of testing.