528A ABSTRACTS - Special Topics

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at age, the odds ratios for CATH ranged from 0.85 (95% CI, 0.79-0.92) for ages 30-39 to
0.71 (95% CI, 0.67-0.75) for ages 60-69. Among patients younger than 30 years old, women
received less CATH than younger men. The age gap grows as age increases.

The unadjusted PTCA rate for women was 1.8% compared to 3.6% for men; by 1999 the
PTCA rate had increased to 19.4% for women and 30.3% for men. Again, however, the
absolute difference in PTCA rates widened from 1.8% to 10.9%. For PTCA the overall
adjusted odds ratio for sex (men vs. women) was 0.89 (95% CI 0.80-0.99). The odds ratio was
0.73 (95% CI, 0.67-0.80) for 30-49 year olds, 0.87 (95% CI, 0.81-0.93) for 50-59 year olds
and 0.98 (95% CI, 0.95-0.99) for 60-69 year olds. The gender gap persists until age 70
when sex is no longer a significant factor.

Among patients undergoing CATH, PTCA rates were more than doubled from 1986 to 1999;
from 31% to 69% for women and from 33% to 79% for men. The relative rate declined
significantly correlated (r > 0.5, P < 0.001) with the measure of distress carried out also by
a Modified Mastery Questionnaire. A reverse statistically correlated among the high
distress burden and the low QOL level was however observed (r > 0.8, P < 0.001 for all
values). The use of this validated software is rapid (it takes less than 10 min to compete
it) and objective and it may facilitate counseling and treatment in pts with CHF.

42±16%, 36±32% and 22±16%, respectively. The area consisted of 3 sub-areas with a
37%, 71% and 81% improvement in the perception of CHF status, functional capacity
and perception of organ damage due to CHF, respectively. The self and relative percep-
tion of patient’s ratings of psychological distress showed, on a separate graphic, a per-
centage increase of 51±28% and 61±29% (p < n), respectively. These values were
significantly correlated (r > 0.5, P < 0.001).

The system offers the possibility to serve multiple ICUs for remote expert critical care
monitoring, such as electrocardiograms and resuscitation procedures, electrophysiology
and ICD testing, and risk stratification prior to and following reperfusion therapy for acute
myocardial infarction.

Conclusion: GPRS-based wireless monitoring of VTS and RD using a PDA is feasible.
The system offers the possibility to serve multiple ICUs for remote expert critical care
consultation, thus contributing to continuity and quality of care when a 24 hours on-site
care is not available. The use of a PDA may reduce the incidence of complications
from incorrect information or medical errors and eventually reduce the length of ICU and hospital stay.

Background: Randomized controlled trials (RCTs) provide evidence that live, interactive
Continuing Medical Education (CME) activities can impact clinical practice and health
care outcomes. However, there is little evidence from RCTs comparing the efficacy of
traditional instructional formats to live CME.

Hypothesis: Knowledge gains of evidence-based guidelines for cholesterol management
realized through multimedia Internet-based instruction (eCME) do not differ from those
achieved via small, interactive workshops.

Methods: We evaluated the clinical usefulness of a wireless personal digital assistant
(PDA) based on a GPRS cellular phone and an Internet application for remote monitoring
of real-time vital signs (VTS) and retrospective data (RD) of patients admitted to the ICU.
For this purpose we developed an application for the PDA (iPaw, PocketPC) giving wire-
less access to the in-hospital patient database. The application provides continuous dis-
play of monitoring signals including multi-lead ECG, systemic, pulmonary and venous
blood pressures, respiratory, ventilator and EEG curves. Parameter values can also be
retrieved. Additional integration with web-based applications on the hospital intranet
makes it also possible to combine these real-time signals with previously recorded 12-
lead ECGs, laboratory test results and charts.

Results: Gino August 2000, a pilot and usability study was started on the ICU and telemetry
ward. Ten users were in-hospital nurses, physicians of the ICU ward and a referring-site cardiologist. The PDA was used primarily for emergency coaching such as
electrocardiogram and resuscitation procedures, electrophysiology and ICD testing,
and risk stratification prior to and following reperfusion therapy for acute myocardial
infarction.

Background: Teleauscultation can therefore be safely and reliably used for a wide range of cardiac conditions. Teleauscultation is feasible for assessing patients with a
cardiac condition. Teleauscultation appears as a feasible method for assessing patients with a
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