LOW RISK WOMEN PRESENTING TO THE EMERGENCY DEPARTMENT WITH CHEST PAIN HAVE A FAVORABLE EARLY AND LATE CLINICAL COURSE AND PREDISCHARGE FUNCTIONAL TESTING IS NOT MANDATORY

ACC Moderated Poster Contributions
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Background: In the evaluation of low risk patients (pts) presenting to the emergency department (ED) with chest pain, predischarge functional testing (PDT) is widely utilized as part of an accelerated diagnostic protocol in order to support safe, early discharge in those with negative results. However, there are few data on which to base the necessity of PDT in these low risk pts. Our goal was to assess early and late clinical outcomes in low risk women presenting to the ED with chest pain and to compare these results in those who did and did not undergo PDT.

Methods: Retrospective assessment of consecutive low risk women presenting to the ED with chest pain between 1/1/97-12/31/06. Low risk was determined by age ≤51 yr, no history of cardiovascular disease, negative initial assessment that included electrocardiogram, cardiac injury markers, and clinical stability during chest pain unit (CPU) evaluation. Functional testing (exercise treadmill or stress imaging) was performed at the discretion of the CPU attending physician.

Results: The study group comprised 214 consecutive women. PDT was performed in 142 pts (66%; age 43.9±4.5 yr) and there was no PDT in 72 (34%; age 43.1±4.5 yr) (NS). Average number of risk factors in the PDT group was 0.9 and was 0.6 in the no PDT group (p=0.003). PDT included exercise treadmill (n=102, 72%) and stress imaging (n=40, 28%). Length of stay in the CPU differed significantly: PDT 8.6±10.3 hr; no PDT 4.1±5.6 hr (p=0.04). Follow-up was 100% in both groups over an interval of 5.0±2.8 yr during which there were 3 clinical events: PDT - 1 stroke, 1 fatal pancreatitis; no PDT - 1 cardiomyopathy. All 3 clinical events occurred ≥2 yrs after initial presentation to the ED with chest pain. Annual event rate was 0.3%/yr in both PDT and no PDT pts.

Conclusions: These results suggest that 1) low risk women presenting to the ED with chest pain can be identified on presentation by clinical assessment; 2) these women have a favorable early and late course; and 3) these pts may not require predischarge functional testing, thus reducing length of stay and enhancing efficient resource utilization.