

Small change makes big difference in compliance rates for follow-up stress test after chest pain

March 26 2012

Stress tests are an important tool to help diagnose narrowed arteries in people who come to the emergency room (ER) with chest pain, but who are not confirmed as having a heart attack. Scheduling a follow-up exercise stress test before patients leave the ER more than doubles their likelihood of following through with the test, according to research presented today at the American College of Cardiology's 61st Annual Scientific Session. The Scientific Session, the premier cardiovascular medical meeting, brings cardiovascular professionals together to further advances in the field.

The study, conducted in Australia, showed that among patients who were given an appointment for an exercise stress test before they left the ER, 70 percent actually underwent the test, compared with 31 percent of patients who were instructed to make the appointment themselves. Patients who were asked to make their own appointments also waited longer to take the test than those with pre-scheduled appointments (median time of 316 vs. just 77 hours, respectively).

"When patients were given a referral but were asked to make their own appointment, they often did not return for the stress test, despite the extra information the stress test can provide," said Kevin Chung, MD, University of Notre Dame in Fremantle, Australia and the study's lead investigator. "Our recommendation is that patients be given an appointment time for their test before they leave the ER. It's even better

to have the test before they leave the hospital."

Exercise stress tests are one of several tools used to evaluate whether a person's [arteries](#) are constricted by fatty build-up, which can increase the risk for a [heart attack](#) and other problems. The test monitors the [electrical activity](#) of the heart during exercise. Doctors use this information to decide whether a patient should be treated to reduce their risk of [heart problems](#); failing to take the test puts patients at a higher risk of having an undiagnosed heart problem and not getting timely, appropriate care.

"In the ideal world, every patient who comes to the ER with chest pain would undergo a definitive test that gives 100 percent certainty of whether or not their arteries are normal," Dr. Chung said. "While stress testing is not perfect, it provides very useful information. Any protocol that increases the proportion of patients having a stress test would help in patient follow-up."

Previous studies have shown that patients who go to the [emergency room](#) with [chest pain](#) but are not confirmed as having a heart attack face a 2 to 3 percent chance of having a heart attack or other complication within 30 days. Current recommendations suggest these "intermediate risk" patients should undergo a stress test within 72 hours after discharge from the hospital.

The study also showed that patients with a clear understanding of the reason they were being asked to do an exercise [stress test](#) were more likely to attend their appointment. "From this we postulate that patient education regarding the rationale for the test will further improve compliance," said Dr. Chung.

The researchers compared follow-up rates among 96 patients who were given an appointment for an [exercise stress test](#) before leaving the

hospital with 121 [patients](#) who were asked to schedule their own appointments.

Provided by American College of Cardiology

Citation: Small change makes big difference in compliance rates for follow-up stress test after chest pain (2012, March 26) retrieved 9 April 2024 from

<https://medicalxpress.com/news/2012-03-small-big-difference-compliance-follow-up.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--