

Post-exercise ABI expands clinical, prognostic information

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(HealthDay)—For individuals with normal and abnormal resting ankle-brachial index (ABI), post-exercise ABI expands clinical and prognostic information, according to a study published in the Aug. 17 issue of *JACC: Cardiovascular Interventions*.

Tarek A. Hammad, M.D., from the Cleveland Clinic, and colleagues examined the effect of post-exercise ABI on the incidence of lower extremity (LE) revascularization, cardiovascular outcomes, and all-cause mortality. Data were included for 2,791 consecutive patients with ABI testing in four groups: normal resting (NR)/normal post-exercise (NE); NR/abnormal post-exercise (AE); abnormal resting (AR)/NE; and AR/AE.

The researchers found that the NR/AE group had increased LE

revascularization compared with NR/NE (propensity-matched adjusted hazard ratio [HR], 6.63; 95 percent confidence interval [CI], 3.13 to 14.04), but no differences in major adverse cardiovascular events (MACE) or all-cause mortality. Compared with AR/NE, the AR/AE group had increased LE revascularization (adjusted HR, 1.59; 95 percent CI, 1.11 to 2.28), which persisted after propensity matching (adjusted HR, 2.32; 95 percent CI, 1.52 to 3.54). AR/AE also had a significant increase in MACE (adjusted HR, 1.44; 95 percent CI, 1.09 to 1.90) and a trend toward increased all-cause [mortality](#) (adjusted HR, 1.37; 95 percent CI, 0.99 to 1.88), compared with NR/NE, but the AR/NE group did not.

"Post-exercise ABI appears to offer both clinical (LE [revascularization](#)) and prognostic information in those with normal and abnormal resting ABI," the authors write.

One author disclosed financial ties to Summit Doppler Systems.

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