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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