NT-proBNP does not improve evaluation of syncope in the ED

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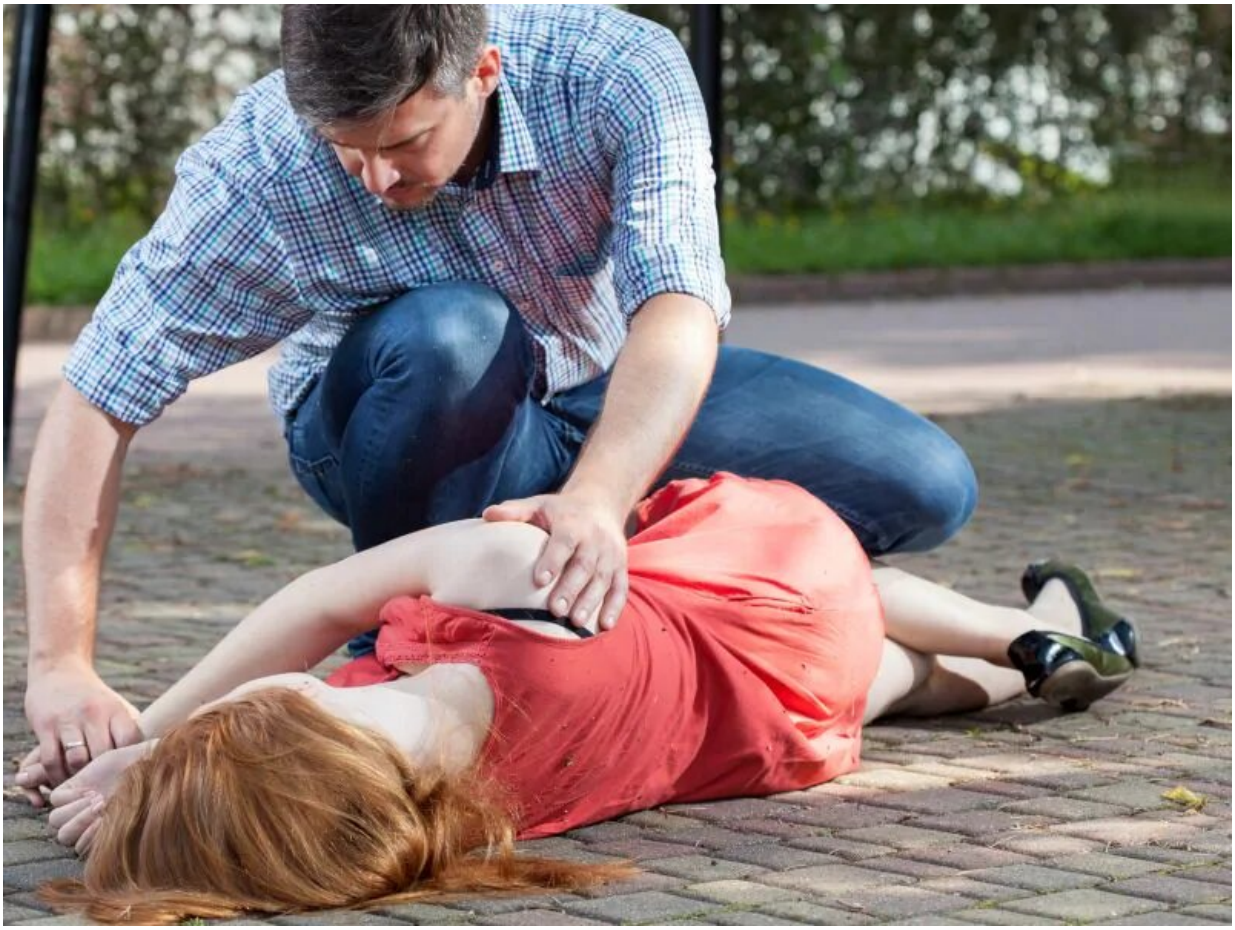

(HealthDay)—For adult emergency department (ED) patients with

syncope, serum N-terminal pro-B-type natriuretic peptide (NT-proBNP) does not improve prognostication above the Canadian Syncope Risk Score (CSRS), according to a study published online April 28 in the *Annals of Internal Medicine*.

Venkatesh Thiruganasambandamoorthy, M.B.B.S., from the University of Ottawa in Ontario, Canada, and colleagues conducted a prospective cohort study involving 1,452 adult ED patients with syncope to examine whether adding NT-proBNP to the CSRS improves prediction of 30-day serious adverse events (SAEs).

The researchers found that 10.5 percent of the participants had 30-day SAEs; 3.9 percent were identified after the index ED disposition. Compared with those without SAEs, patients with SAEs had significantly higher serum NT-proBNP concentrations (median, 626.5 versus 81 ng/L). There was no significant improvement in prognostication with the addition of NT-proBNP values to the CSRS (C-statistic, 0.89 and 0.90, respectively), regardless of SAE subgroup or whether the SAE was identified after the index ED visit. NT-proBNP would have correctly reclassified 3 percent of patients with SAEs at the expense of incorrectly reclassifying 2 percent of those without SAEs based on the net reclassification index.

"Our results indicate that NT-proBNP measurement is unlikely to be useful in the routine ED work-up of syncope," the authors write.

One author disclosed financial ties to Medtronic.

More information: Abstract/Full Text (subscription or payment may be required)