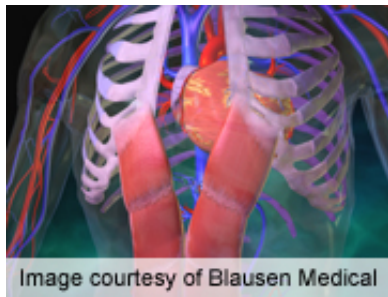


Variation in use of imaging tests in newly diagnosed heart failure

23 June 2014



hospitalization relative to existing HF guidelines," the authors write. "Variations in testing were greatest for assessment of ischemia, in which testing guidelines are less certain."

One of the authors disclosed financial ties to a pharmaceutical company.

More information: [Abstract](#)
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(HealthDay)—Cardiovascular testing in patients with newly diagnosed heart failure (HF) varies among U.S. hospitals, according to research published online June 18 in the *Journal of the American College of Cardiology: Cardiovascular Imaging*.

Steven A. Farmer, M.D., Ph.D., of Northwestern University in Chicago, and colleagues examined the use of cardiovascular testing in the first six months following hospitalization for incident HF for 4,650 patients (79.1 percent) in the Cardiovascular Research Network (CVRN) Heart Failure study.

The researchers found that the majority of cardiovascular testing occurred during the incident HF hospitalization. Among patients who underwent testing, 4,345 (93.4 percent) had systolic function assessment, 4,085 (87.9 percent) had an echocardiogram, and 1,714 (36.9 percent) had coronary artery assessment. Testing rates varied widely across hospitals for both individual testing modalities (e.g., echocardiography, left heart catheterization, nuclear stress testing, and stress echocardiography) and specific clinical indications (e.g., [coronary artery](#) disease assessment and systolic function assessment).

"For [patients](#) with newly diagnosed HF, we did not observe widespread overuse of cardiovascular testing in the six months following incident HF

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