



Last update on: 27/08/2009

- ▶ [Event Selection](#)
- ▶ [General Information](#)
- ▶ [Welcome](#)
- ▶ [Day by Day Programme](#)
- [Saturday 29 August](#)
[Sunday 30 August](#)
[Monday 31 August](#)
[Tuesday 01 September](#)
[Wednesday 02 September](#)
- ▶ [Advanced Search](#)
- ▶ [Presenter Search](#)



▶ **Personal Planner**



Username:

Password:

- [Retrieve Password](#)
- [Create Account](#)

Abstract: P4519

Angina class is correlated with DASI score in end stage, refractory angina patients

Authors:

E.D. Kennard¹, W. Lawson², G. Linnemeier³, J.C.K. Hui², S.F. Kelsey¹, ¹University of Pittsburgh - Pittsburgh - United States of America, ²SUNY, Stony Brook - Stony Brook - United States of America, ³St. Vincents Hospital - Indianapolis - United States of America,

On behalf: The International EECF Patient Registry Investigators

Topic(s):

Angina pectoris, stable

Citation:

European Heart Journal (2009) 30 (Abstract Supplement), 738

Background: The Canadian Cardiovascular Society (CCS) angina class is a commonly used measure of functional status in patients with ischemic coronary disease (CAD), and has been shown to be highly correlated with functional capacity as assessed by the Duke Activity Status Index (DASI) score. However, whether this relationship holds in end stage refractory angina patients with many comorbidities, and can be used to evaluate treatment effect is unknown.

Methods: The International Enhanced external counterpulsation (EECP) Prospective Registry (IEPR) of patients with limiting, refractory angina who were poor revascularization candidates was used to determine the Spearman correlation coefficient of CCS with DASI score at baseline and in post EECP follow-up up to one year.

Results: The IEPR patients were a high risk group of 1,015 CAD patients with: mean age of 67±11 yrs, 73% male gender, 92% multivessel CAD, 70% prior MI, 90% prior CABG or PCI with only 8% a candidate for further revascularization. Comorbidities were high with 23% CHF, 43% DM, 20% PVD and 11% chronic renal insufficiency. 96% were in CCS class III or IV. Risk factors for CAD were highly prevalent: 81% HBP, 93% hyperlipidemia, 69% history of smoking. The mean pre-EECP DASI score of 11.1±9.9 rose to 17.5±12.0 post-EECP, with DASI scores sustained at 6 months 17.3±12.6 and 12 months 17.1±12.6, paralleling improvements in CCS. Mean (standard deviation) DASI scores by angina class both before and after treatment are shown together with the Spearman correlation coefficients (p<0.001 at all time points).

Conclusions: The CCS and DASI scores demonstrate significant congruency in assessing functional capacity and quality of life in patients with end stage coronary disease and multiple comorbidities treated with EECP. Refractory angina patients demonstrate significant, parallel, and sustained improvements in CCS and DASI score after treatment with EECP.

Correlation CCS Class & DASI Score

CCS Class	Pre EECP DASI	Post EECP DASI	Post 6 mos DASI	Post 12 mos DASI
I		22.2±12.6	21.7±13.6	21±12.6
II	15.9±10.6	14.8±9.7	15.2±9.5	14.6±9.4
III	12.1±10.3	11.6±8.9	10.0±7.2	9.3±6.2
IV	7.8±7.2	8.9±8.4	7.8±10.5	8.6±10.1
Spearman R	-0.25	-0.38	-0.40	-0.44

[Contact Us](#) | [Terms & Conditions](#) | [Privacy](#)

Copyright © : 1997-2009 European Society of Cardiology. All rights reserved.