



LONG-TERM MORTALITY PREDICTORS OF PATIENTS EVALUATED WITH PHARMACOLOGIC CARDIAC STRESS SPECT (PS-SPECT) FOR SUSPICION OF CHRONIC CORONARY SYNDROME.

Objectives:

PS-SPECT is used for non-invasive evaluation and risk stratification of patients with suspected chronic ischemic heart disease (IHD) unable to exercise. Aim of the study was to identify predictors of mortality in those patients.

Material and methods:

Retrospective study of 1.214 patients referred for PS-SPECT between 2010 and 2016 who completed a median follow-up of 3 years. Patients had a median age of 74±10 years, 56% were women (56%), and had high prevalence of cardiovascular risk factors (Diabetes mellitus (51%); arterial hypertension (86%); hypercholesterolemia (60%); chronic IHD (38%) or peripheral artery disease (44%)). Dipyridamole was used for stress in 89% of patients, Dobutamine in 7% and a combination of dipyridamole and low intensity exercise (Dip-Ex) in 4%.

Results

Global mortality was high at 1 year (5.5%) and at long-term follow-up (26.5%). Variables identified as independently related to mortality in the multivariable analysis were age (OR 1.055, IC 95% 1.038-1.072, $p<0.001$), Diabetes mellitus (OR 1.765, IC 95% 1.326-2.326, $p=0.001$) and moderate or severe ischemia in the PS-SPECT (OR 2.545, IC 95% 1.730-3.742, $p<0.001$). Variables identified as protective factors were preserved ejection fraction by gated SPECT (OR 0.970 IC95% 0.960-0.980, $p<0.001$), coronary angiography without significant stenosis (OR 0.349 IC95% 0.154-0.788, $p=0.011$) and use of combined stress Dip-Ex (OR 0.344, IC 95% 0.127-0.930, $p=0.035$). Coronary angiography or revascularization were not identified as protective factors.

Conclusions

Patients selected for PS-SPECT are a high-risk population with high mortality rates which depends on clinical characteristics and results of the PS-SPECT.