Association of Serial Health Status Measurements with Clinical Events: Insights From the ISCHEMIA Trial

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INTRODUCTION

• The Seattle Angina Questionnaire (SAQ), a disease-specific health status measure, has been shown to predict future clinical outcomes in patients with chronic coronary disease (CCD) at a single point in time.

• The prognostic value of serial SAQ scores in patients with CCD is unknown.

METHODS

• Serial assessments of the 7-item SAQ were obtained in the ISCHEMIA trial of patients with CCD and moderate/severe ischemia.

• Using Cox regression, we examined the association of baseline and 3-month SAQ-7 Summary Scores (SAQ7-SS) with CV death, MI, or unstable angina hospitalization over a 12 month period (between 3 and 15 months after randomization) in patients randomized to conservative treatment.

• We fit several models: (a) Baseline score only; (b) 3-month score only; (c) 3-month change only; (d) baseline and 3-month score; (e) 3-month change and score.

RESULTS

• In unadjusted analyses, higher scores at baseline, 3-months, and greater 3-month improvement were associated with fewer clinical events (Figure 1a and Figure 2).

• In landmark analyses combining serial scores, neither baseline nor change were significant after adjustment for 3-month score (Figures 1b and 1c).

CONCLUSIONS

• The mean age was 64.3 years in 2095 patients randomized to conservative care with SAQ scores at 1 and 3 months; 78% were men.

• Twelve-month event rates were 3.3% overall; 2.9% with a 3-month SAQ7-SS ≥ 75, and 6.9% in those with 3-month scores <50.

DISCLOSURES

• We found that the most recent SAQ score was more predictive of subsequent clinical events than prior scores or changes.

• Following patients’ health status not only provides an assessment of their current angina control, but also a continuously updatable insight into the risk for subsequent cardiac events.