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The prediction of future acute coronary syndrome is improved by experiencing typical angina during exercise stress testing.

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Abstract

Introduction: It is debatable whether angina during exercise stress testing has any predictive value, presumably because earlier research failed to distinguish between typical and non-typical angina. During exercise stress testing, our goal was to evaluate the prognostic significance of usual angina alone or in combination with ST depression for forecasting cardiovascular events.

Methods: In order to conduct a prospective observational cohort study, we enrolled all patients who underwent a clinical exercise stress test at the Kalmar County Hospital's department of clinical physiology between 2005 and 2012. Cox regression was used to analyse the relationship between typical angina/ST depression, incident acute coronary syndrome (ACS), and cardiovascular mortality. The prediction of future acute coronary syndrome is improved by experiencing typical angina during exercise stress testing.

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Abstract

Introduction: Exercise stress testing's predictive usefulness for long-term and 1-year follow-up for angina. Results: Out of 11605 individuals, 623 (5.4%) developed ACS, and 319 (2.7%) passed away due to cardiovascular reasons (median follow-up, 6.7 years). Typical angina and ST depression were linked to a higher probability of developing ACS compared to patients without angina and without ST depression; the hazard ratio (HR) was 3.5 (95% CI: 2.6-4.7). For those who had ACS within a year, this connection was significantly greater (HR 20.8 (13.9-31.3) and 9.7 (6.1-15.4), respectively, for typical angina with and without concurrent ST depression). Statistics that correlate ST depression with ACS duringWhen usual angina was included in the model, the values during long-term followup were 0.64 (0.62-0.66) and 0.77 (0.73-0.81) for ACS within a year, respectively. Conclusions: During exercise stress testing, typical angina is a good indicator of ACS, particularly when combined with ST depression and within the first year of the test.

KEYWORDS: unstable angina, exercise ECG, and sudden myocardial infarction