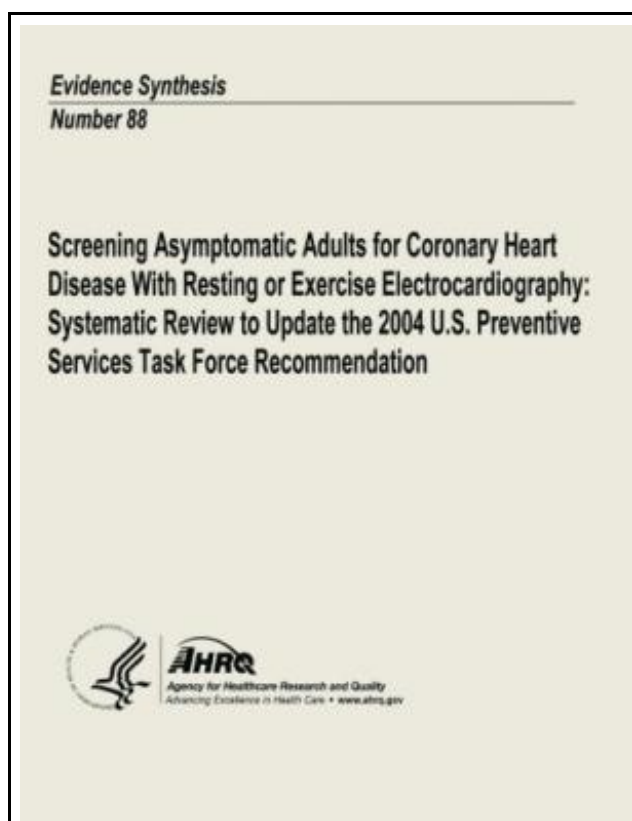


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Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 136 pages. Dimensions: 11.0in. x 8.5in. x 0.3in. Coronary heart disease (CHD) is the leading cause of death in the United States in both men and women, accounting for nearly 40 percent of all deaths each year. Each year, more than 1 million Americans experience nonfatal or fatal myocardial infarction (MI) or sudden death from CHD. Although angina is a common presenting symptom of CHD, in some persons the first manifestation of CHD is MI, sudden death, or another serious cardiovascular event. The risk for incident CHD in asymptomatic persons can be predicted based on the traditional risk factors included in the Framingham risk score (age, sex, blood pressure, serum total cholesterol level, low-density lipoprotein LDL or high-density lipoprotein HDL cholesterol level, cigarette smoking, and diabetes). However, these factors do not explain all of the excess risk. Consequently, there has been a long-standing interest in supplementing traditional risk factor assessment with other methods of screening for CHD, including resting or exercise electrocardiography (ECG). Abnormal findings on ECG might identify those at higher risk of CHD events who would not be identified based on traditional risk factors alone. For example, based on the Framingham risk scoring system, persons at intermediate risk are typically defined as having a 10 to 20 percent risk for CHD death or nonfatal MI over 10 years. Abnormal findings on resting or exercise ECG could reclassify some of these persons as low risk (10-year risk less than 10 percent) and others as high risk (10-year risk greater than 20 percent). Such reclassification, if accurate, could guide use of more aggressive cardiovascular risk reduction therapies in persons reclassified as high risk, which might reduce future CHD events. 6 However, direct evidence showing benefits associated with implementation of such...



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