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**Rapid access chest pain clinic and ecg exercise testing– is there still a role in the age of non-invasive imaging?**

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**Introduction & Methods:** This is a retrospective review of all patients reviewed in Rapid Access Chest Pain Clinic (RACPC) from Nov 2017 to Oct 2018. The results were compared to standards set by National Institute of Health and Care Excellence (NICE) and European society of Cardiology (ESC) Guidelines on stable coronary artery disease (CAD).

**Results:** 197 patients presented to the RACPC between Nov 2017 and Oct 2018. As shown in table 2 ETT was helpful in reassuring and discharging 66% of the patients in the low risk group, 71% in the moderate risk group and 40% in the high risk group. We also looked into the outcome of these patients who had a negative ETT and were discharged. None of them have had any hospital admissions with chest pain or have died from ACS.

**Conclusions:** In a district general hospital (DGH) where resources needed to be allocated efficiently ETT still has an important role. As seen in our hospital, ETT and risk stratification can be used as a tool to assess stable CAD. Most DGHs would struggle with the NICE recommendations that all low risk patients must undergo CT calcium scoring. This is where ESC guidance is useful as it still recommends ETT as a reliable tool in the management of patients with stable CAD.