

# World Cardiology & Cardiologist Meeting

September 11-12, 2018 | Stockholm, Sweden

## Evaluation of the efficacy of ischemia reversal program in Indian patients with ischemic heart disease with the aid of stress thallium test

Rahul Mandole

Cardiac Care Clinics and Hospitals, India

**Introduction:** Ischemic heart disease (IHD) incidence has increased in India at a rapid speed and shows regional variations, early onset, greater mortality and poor management. Stress thallium test is useful in diagnosing IHD early in patients who may be at risk for a heart attack.

**Aim:** The aim of the present study was to assess the cardiac muscle activity in IHD patients before and after ischemic reversal programme (IRP).

**Methodology:** The present open label study involved 14 IHD patients who underwent IRP (21 IRP sittings) in Madhavbaug clinics (multicentric). The inclusion criteria were subjects with known IHD, age group between 40-70 yrs, BMI >20 kg/m<sup>2</sup>, and stress test positive for inducible ischemia. However, subjects with recent myocardial infarction/known hypo- or hyper- thyroidism/chronic kidney disorder were excluded. Stress thallium test was performed after - enrolment, 21 IRP sittings and 25-30 IRP sittings. VO<sub>2</sub>max and time of ischemia after stress test were also recorded in all the patients. Further, Seattle Angina Questionnaire (SAQ) was taken via telephonic conversation by research coordinators.

**Observations:** Observations from stress thallium test showed significant difference in summed stress score [SSS] (13.5±10.3, baseline vs. 10.7±10.1, post 21IRP sittings; p=0.01) as well as summed difference score [SDS] (8.9±6.2, baseline vs. 6.2±6.3, post 21 IRP sittings; p=0.03) in IHD patients. Similarly we observed increase in VO<sub>2</sub>max levels (12.8±5.7, baseline; 19.4±7.8, post 21 IRP sittings and 23.6±6.0, post 25-30 IRP sittings) and time of ischemia in seconds (370.7±201.1, baseline vs. 597.8±201.9, post 21 IRP sittings and 702.0±138.0, 30-days follow-up). Further assessment of SAQ scores showed significant improvement post IRP (30.2±3.6, baseline vs. 32.7±3.5, post 21 IRP sittings) whereas, ejection fraction score was not found to be significantly changed post IRP as compared with baseline.

**Results:** Results of the present study suggest an improvement in cardiac muscle activity after IRP in IHD patients and depicts positive role of IRP in IHD management.

## Notes: