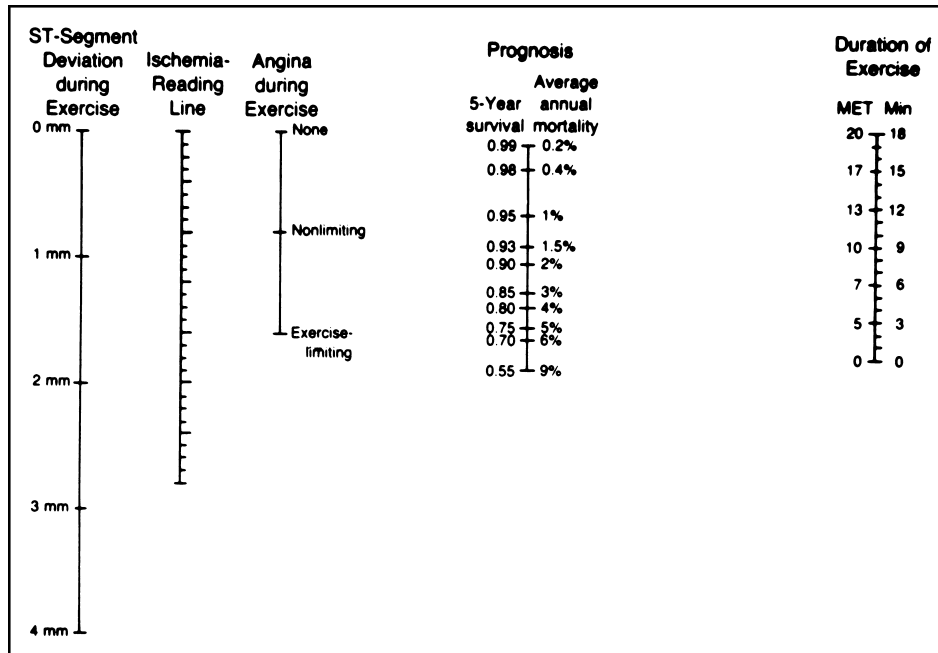




## General Cardiology Guideline Snapshot



Nomogram of the prognostic relations embodied in the treatment score. Prognosis is determined in five steps: (1) The observed amount of exercise-induced ST-segment deviation (the largest elevation or depression after resting changes have been subtracted) is marked on the line for ST-segment deviation during exercise. (2) The observed degree of angina during exercise is marked on the line for angina. (3) The marks for ST-segment deviation and degree of angina are connected with a straight edge. The point where this line intersects the ischemia-reading line is noted. (4) The total number of minutes of exercise in treadmill testing according to the Bruce protocol (or the equivalent in multiples of resting oxygen consumption [METs] from an alternative protocol) is marked on the exercise-duration line. (5) The mark for ischemia is connected with that for exercise duration. The point at which this line intersects the line for prognosis indicates the 5-year cardiovascular survival rate and average annual cardiovascular mortality for patients with these characteristics. Patients with <1 mm of exercise-induced ST-segment depression should be counted as having 0 mm. Angina during exercise refers to typical effort angina or an equivalent exercise induced symptom that represents the patient's presenting complaint. This nomogram applies to patients with known or suspected coronary artery disease, without prior revascularization or recent myocardial infarction, who undergo exercise testing before coronary angiography. Modified from Mark et al.

Mark DB, Shaw L, Harrell FE Jr, Hlatky MA, Lee KL, Bengtson JR, McCants CB, Califf RM, Pryor DB. Prognostic value of a treadmill exercise score in outpatients with suspected coronary artery disease. *N Engl J Med* 1991;325(12):849–853.

From Gibbons RJ, Balady GJ, Beasley JW, Bricker JT, Duvernoy WFC, Froelicher VG, Mark DB, Marwick TH, McCallister BD, Thompson PD, Winters WL Jr, Yanowitz FG. ACC/AHA guidelines for exercise testing: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Exercise Testing). *J Am Coll Cardiol* 1997;30:260–315.