Does Severity of Coronary Artery Disease Predict an Abnormal Ankle Brachial Pressure Index (ABPI)?

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Introduction: Coronary artery disease (CAD) and peripheral arterial disease (PAD) share the same pathophysiology, but whether the angiographic extent of CAD predicts an abnormal ABPI in a Coronary Care Unit (CCU) setting has not been evaluated.

Objectives: We examined for associations between angiographic CAD severity and abnormal ABPI, suggesting the presence of PAD.

Methods: We performed a prospective consecutive observational series involving patients admitted to CCU and undergoing coronary angiography. Patients with unmeasurable ABPI or pre-existing PAD were excluded. The ABPI was performed by trained clinical staff and an ABPI ≤ 0.90 was taken as abnormal, which was analysed against the severity of CAD. Angiographic severity >70% stenosis in any major vessel, or previous coronary revascularisation was taken as significant CAD.

Results: 82 patients were recruited between August and December 2018. The prevalence of an abnormal ABPI was similar in those with normal coronary arteries and those with any degree of coronary disease: 1 of 8 (12.50%) with normal coronaries had abnormal ABPI versus 12 of 74 (16.21%) of those with coronary disease (p = 0.785). When assessing for a relationship between significant CAD and abnormal ABPI there was none seen, out of 21 patients with no significant CAD (none or mild disease), 3 had abnormal ABPI (14.28%), compared with 10 of 61 patients with significant CAD (16.39%), (p = 0.820). Similarly, there was no association between double and triple vessel CAD and abnormal ABPI.

Conclusion: Despite the shared pathophysiology, severity of CAD does not predict an abnormal ABPI in this clinical setting.

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Does Utilisation of Hospital in the Home Services Reduce the Length of Admission for Patients With Infective Endocarditis

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Background: Infective endocarditis (IE) is a common pathology requiring admission to hospital. The length of stay in these patients can often be prolonged due to the need for prolonged courses of intravenous antibiotics. This can be associated with poor outcomes for the patient due to medical complications of prolonged hospital stay as well as increase the costs to the healthcare system. One way of reducing length of stay is utilising hospital in the home (HITH) services for administration of intravenous antibiotics in patients who are otherwise stable and can be discharged home safely, but still require completion of several weeks of antibiotics. The aim of this audit was to assess in what percentage of patients HITH services were utilised and whether this led to a reduction in length of stay.

Methods: A retrospective analysis of patients with a diagnosis of infective endocarditis over a 19-month period (July 2016-January 2018) at our institution was performed.

Data collected: Utilisation of HITH, length of stay, number of readmissions.

Results: A total of 130 patients had a diagnosis of infective endocarditis. Of these 21 (16.1%) patients had a stay >30 days (range 1–62) and 44 patients were readmitted to hospital with 27.3% having no more than 1 readmission. 42 patients (32.3%) were discharged to HITH. The median (and mean ± SD) LOS for the HITH vs non-HITH patients were 16 (19.5 ± 13.4) vs 14 (17.0 ± 12.7) days respectively.

Conclusions: Outcomes following IE are complex. Further investigation of the patient benefit, health service utilisation and barriers of HITH for IE is warranted.

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Door-to-Balloon Time (DTBT) and Length of Stay (LOS) in STEMI Patients Undergoing Primary Percutaneous Coronary Intervention (PPCI) at Frankston Hospital

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Background/Aim: Door-to-balloon time (DTBT) is a key performance quality metric in STEMI management. We aimed to evaluate DTBT and outcomes of STEMI patients undergoing primary percutaneous coronary intervention (PPCI) at Frankston Hospital.

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