

Stress testing

(JULY 2014)

TO THE EDITOR: I was delighted to see an article addressing the overuse of stress tests in asymptomatic individuals.¹ I still think, however, that one could really look at the issue a little further. In truly asymptomatic individuals, even those with established coronary heart disease, what is the value of the “annual stress echocardiogram,” often done in cardiologist’s offices? I was perturbed a bit by the statement, “a physician may consider ordering exercise electrocardiography in asymptomatic adults at intermediate risk of coronary heart disease.” Are there data to suggest the number needed to treat or the number needed to harm? I was sobered by the results of the Detection of Ischemia in Asymptomatic Diabetics trial,² which showed no benefit in screening patients with type 2 diabetes with stress myocardial perfusion imaging (a technique probably more costly but more accurate than stress echocardiography).

I understand that bold statements about the lack of usefulness of the stress test in asymptomatic individuals might be misinterpreted by payers as a justification for denying coverage, but it would provide more help for those of us in primary care who are trying to dissuade patients from inappropriate and potentially harmful testing.

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■ REFERENCES

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IN REPLY: Thanks so much for sharing your thoughts on our article. We share your frustration with the lack of evidence to support the decision to avoid stress testing in all asymptomatic individuals. In fact, there is no direct evidence that the identification and treatment of screening-detected, asymptomatic coronary artery disease will decrease mortality risk and improve outcomes in patients with no history of coronary artery disease.

The focus of our article was to review the available evidence and guidelines on stress testing low-risk, asymptomatic patients. The statement in the article that you cite, “a physician may consider ordering exercise electrocardiography in asymptomatic adults with intermediate risk of coronary heart disease,” was pulled from the 2010 American College of Cardiology/American Heart Association guideline¹ in an attempt to summarize recent guidelines on this issue. Unfortunately, there is currently insufficient evidence to recommend for or against screening in patients at intermediate risk for coronary heart disease. As a result, the decision to perform stress testing in an asymptomatic patient at intermediate risk should include an informed discussion between the physician and patient. In contrast, there is considerable evidence supporting the recommendation not to screen in asymptomatic low-risk individuals, which is the main conclusion of our article.

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