

Making Choices

Heart Stress Test Decision Guide

Stress Test Decision



Whatever your stress test results show, good medical treatment will help your heart disease. This means that **taking medicines** as prescribed by your provider and **keeping up your exercise** and **meal plan programs** are essential no matter what other medical tests or procedures are done.

After the stress test, there will be questions about your treatment choices that you and your provider will need to answer. It is important for you to be ready to participate fully in testing and treatment decisions with your provider. This booklet will prepare you to understand your choices and be clear about your goals for treating your heart disease.

t Guide

How to use this Decision Guide.

The purpose of this guide is to help you decide with your doctor or nurse the best course of action for you about your heart disease.

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Why Get A Heart Stress Test?

There are two main reasons to get a stress test

- 1 To see if you have heart disease.**
- 2 To have information to make a choice about whether to have further tests or treatments.**

It is important to understand what treatment might follow the stress test. Every treatment choice has some possible help and some possible harm. There are no sure answers and no quick fixes for heart disease. Each person is different and has a different set of issues that affect the decisions. From a medical point of view, there may not be one correct treatment. So, your specific heart condition and your views about the possible help or harm of treatment are important in making treatment choices.

PART 1

About A Heart Stress Test

Before we start...

Medical words used in this guide.

A **provider** may be a physician, a nurse practitioner, or a physician's assistant.

A **stress test** is used to measure the ability of your heart to respond to exercise. It combines some form of mild exercise with some measurement of how well the heart is working.

A **heart catheterization** (*also called a **CATH** or an angiogram*) is a **test** in which a small tube called a catheter is inserted in the arm or groin and threaded along a blood vessel until it is near the heart. When the tube gets near the heart, some dye is injected so a picture of the heart blood vessels can be seen with X-Ray.

An **angioplasty** (*also called a **PCI** or percutaneous coronary intervention*) is a **treatment**. It starts like a CATH, but the tube has a small deflated balloon attached to the end of it. When the tube gets to the partially blocked area in the heart blood vessel, the balloon is inflated to decrease the size of the plaque and allow blood to flow. Afterwards a small metal mesh called a stent will probably be put in the artery to keep it open.

Heart surgery (CABG or coronary artery bypass grafting) is major surgery in which partially blocked heart blood vessels are bypassed with blood vessels taken from another part of the patient's own body.

Optimal medical therapy for heart disease includes three parts – **1)** Taking medicines prescribed for heart disease and the conditions that cause heart disease (*like high blood pressure, diabetes, and high cholesterol*) **2)** Having a good exercise program, and **3)** Sticking to a good meal plan program. When we use the term medical therapy in this booklet, we mean all the three parts not just taking medicines.

Severe heart disease means you have disease either in the main heart blood vessel (*left main*) or in three or more smaller blood vessels.

Possible Stress Test Results

Even though there are several types of stress tests, there are only a few types of results that you can have. It is likely that the cardiologist will read the results of the stress test and report them to your primary care provider.

What Are The Possible Results Of Your Stress Test?

- Normal
- Abnormal with no high risk features
- Abnormal with high risk features

Using Your Stress Test Results

Normal. If your stress test is normal, your provider will have a conversation with you to decide what is the best way to reduce your chances of getting heart disease.

Abnormal with no high risk features. If your stress test is abnormal but has no high risk features, your provider will have a conversation with you to decide whether or not you should have optimal medical therapy alone or also have a CATH.

Abnormal with high risk features. If your stress test has high risk features, your provider will probably refer you to the cardiologist for consultation and possible CATH. After that you and your providers will decide on the best treatment for you.



STRESSING THE FACTS

The American Heart Association recommends that you eat a wide variety of nutritious foods daily. Remember, even simple, small changes can make a big difference in living a better life.

PART 2

Tests And Treatments That Might Follow A Stress Test

What if your provider suggests you need a CATH or PCI next?

Remember that a CATH is a test and PCI is a treatment. (See Part 1). Consider the following two questions.

Will A PCI (angioplasty) Help You Live Longer? Prevent Heart Attacks?

People with severe heart disease may live longer with adding surgery (CABG or by-pass) to optimal medical therapy. Some surgeons also use multiple stents to treat severe disease.

In most people, adding a PCI to optimal medical therapy will not prevent any more heart attacks or allow people to live longer. Adding a PCI may help relieve chest pain sooner than optimal medical treatment alone.

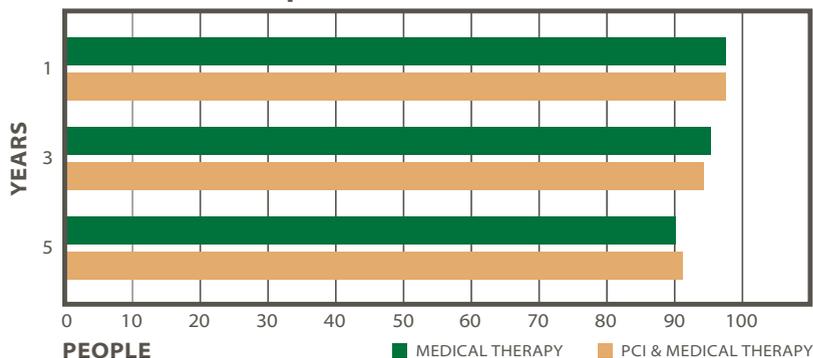
The graphs on the next page compare treatments for people in research studies who had a CATH and did not have severe heart disease.

Living Longer?

Results show that adding PCI to optimal medical therapy did not improve length of life better than optimal medical therapy alone.

The good news is that greater than 90 out of 100 of people with mild to moderate heart disease were still alive after five years of optimal medical therapy alone.

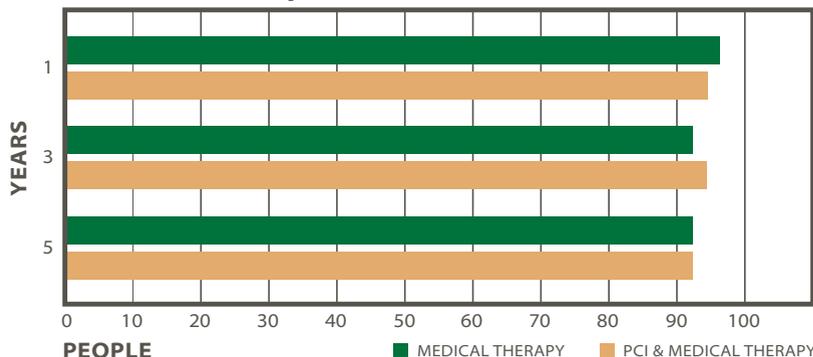
Number Of People Alive Over Time OUT OF 100*



Avoiding Heart Attacks?

Although the addition of PCI to medical therapy does not change the number of heart attacks or help you live longer, it does result in a small improvement in chest pain symptoms for the first 36 months after treatment. **Again, the good news is that greater than 90 out of 100 of people with mild to moderate heart disease did not have any heart attacks during the five years they were on optimal medical therapy alone.**

Number Of People Without Heart Attacks OUT OF 100*



**We have not shown a graph for severe disease as most providers think CABG or multiple stents is the preferred treatment for this condition.*



STRESSING THE FACTS

No matter what the decision, remember optimal medical therapy is essential in managing your heart disease.



STRESSING THE FACTS

Optimal medical therapy means no smoking, regular physical activity, heart healthy eating, as well as taking prescribed medicines.

**The CATH Decision:
Preparing To Talk With Your Provider**

Remember that there is no substitute for optimal medical therapy whether or not you choose to have a CATH after getting your stress test results.

If you get a CATH, in addition to optimal medical therapy, the CATH may be followed by:

- Regular doctor visits**
- PCI, with or without stent**
- CABG**

Before talking with your provider about going beyond optimal medical therapy, it is important to think about the reasons to have further treatment or not to have them. Here are some reasons for and against having a CATH and PCI.

Check The Reasons That Are Most Important To You

Reasons To HAVE A CATH

- My provider may say a CATH is the best option for me.
- I want to be sure whether or not I have heart disease.
- I have been treated with optimal medical therapy for more than a year, but I still have very bothersome chest pain or shortness of breath.
- I may be able to decrease the medicines that are only for chest pain or shortness of breath.

Reasons To NOT HAVE A CATH

- My provider and I want more time to see if optimal medical therapy will work.
- I want to avoid the possible side effects of CATH, PCI or CABG even though they are unlikely.
- CATH or PCI will most likely not prevent heart attacks or allow me to live longer; I will still have to take my heart medicines, follow my meal plan and follow my exercise plan.
- My symptoms have not changed significantly since my last CATH, PCI and/or CABG.
- I do not want to have PCI or CABG.
- I may have to add a new medicine following a PCI.

PART 3

Decisions To Make With Your Primary Care Provider And Cardiologist

Deciding on the treatment that is best for you.

A stress test is only one piece of information to help you choose the best treatment for your heart disease. You may have learned about your heart disease and your choices from reading, from the Internet, a visit with a nurse or doctor, your friends, your family, and programs about treatment choices.

Choosing a treatment is a decision that should be made between you and your provider. This decision will be influenced by your personal situation, your goals, and what is important to you.



STRESSING THE FACTS

More good news, stopping smoking and exercising can reverse the bad effects of heart disease.



Talking Points

Test Results

My provider says my stress test results are:

- Normal**
- Abnormal** with no high risk features
- Abnormal** with high risk features

Or If I had a stress test before, the new test shows:

- No change**
- Some change** but not enough to suggest new treatment
- Enough change** to consider new tests or treatments

Decisions With Your Provider TESTS

I have agreed with my provider to have:

- No new tests
- Cardiac CATH (angiography)
 - For diagnosis only
 - For diagnosis and treatment with PCI (stent) if necessary

Follow-up on (Date) _____

with (Name of physician) _____

Treatments

I have agreed with my provider on the following optimal medical therapy:

Medicines

Notes _____

Exercise

Notes _____

Stop Smoking *Not applicable*

Notes _____

Meal plan

Notes _____

Follow Up

Check one:

The main physician who will be responsible for following my heart disease will be:

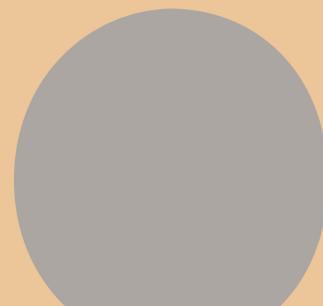
- Mostly the primary care provider
- Mostly the cardiologist
- Primary care provider and cardiologist equally
- My next appointment to discuss my heart disease will be _____ months from now

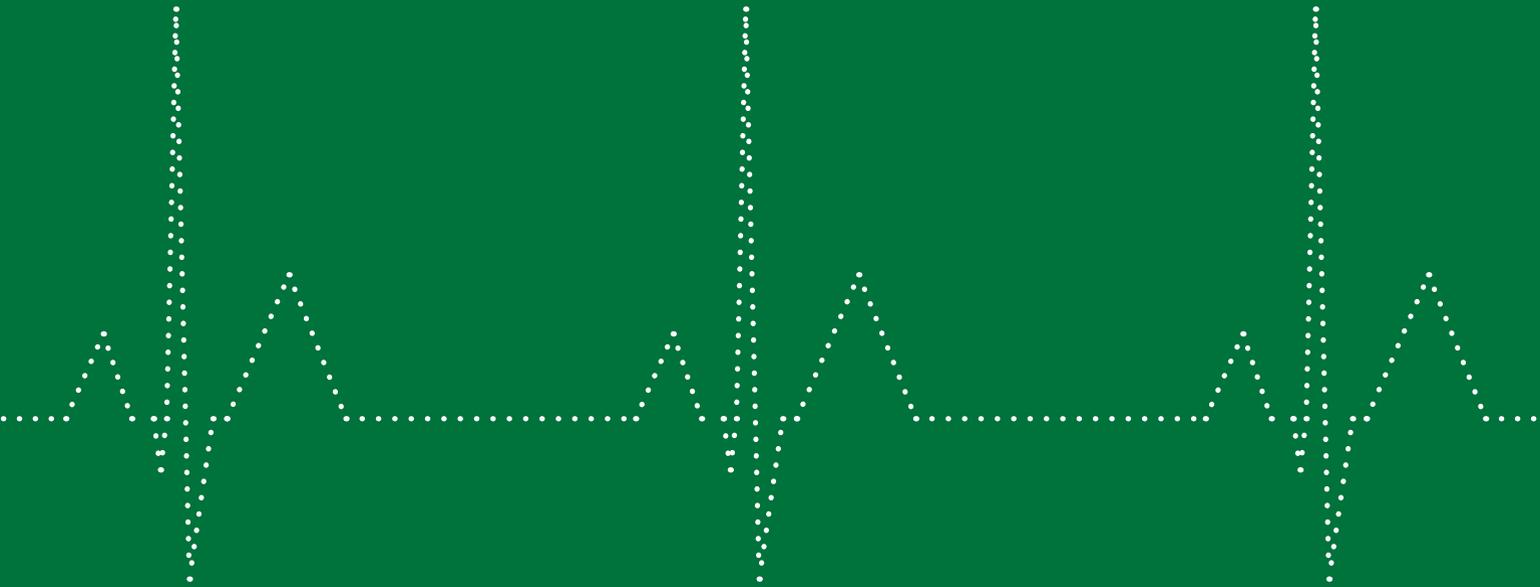
With Dr. _____

(You may wish to share this information with the other provider.)

Questions To Ask Your Provider When You Review The Stress Test Results.

- 1** How will the results of this stress test change my treatment?
- 2** Will the stress test automatically lead to CATH, PCI?
- 3** What is the chance that PCI will be better than just medical therapy:
 - at helping me live longer?
 - at preventing a heart attack for me?
 - at relieving my symptoms?
- 5** Would my medical therapy change following a PCI?
- 6** Is there any anything about my health that could change which treatment is best for me?
- 7** Other questions _____





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Contact your physician for information about stress tests.

DOCTOR _____

OFFICE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

