

# SOUTHWESTERN NEWS

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## **PHYSICAL EXAMINATION FINDINGS ARE IMPORTANT IN PREDICTING OUTCOMES IN HEART FAILURE, RESEARCHERS REPORT**

DALLAS – Aug. 23, 2001 – Two common findings from a traditional physical examination can provide important information for the 5 million Americans diagnosed with heart failure, according to researchers at UT Southwestern Medical Center at Dallas.

In a retrospective analysis of a large heart-failure trial, published in today's issue of *The New England Journal of Medicine*, researchers found that patients with either a third heart sound or elevated jugular venous pressure were more likely to have progressive heart failure and subsequent hospital visits due to heart failure.

The researchers from the heart failure research unit of the Donald W. Reynolds Cardiovascular Clinical Research Center analyzed results from physical examinations recorded in 2,569 heart-failure patients involved in the Studies of Left Ventricular Dysfunction (SOLVD) treatment trial. The researchers also found that the subgroup of patients with a third heart sound or elevated jugular venous pressure had a significantly higher risk of death.

Findings from this analysis will help physicians assess the severity of their patients' heart failure, said Dr. Mark Drazner, assistant professor of internal medicine and lead author of the study.

"The independent prognostic value of either a third heart sound or elevated jugular venous pressure has not been well-established until now," Drazner said. "Detection of these two findings on a physical examination identifies patients at increased risk for adverse events. This improved risk-stratification may allow physicians to improve treatment for patients with heart failure."

In healthy adults only two heart sounds are detected, which are often referred to as "lub-dub." A third heart sound, known as a "gallop," sometimes occurs after the two normal heart sounds.

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“Whenever a physician listens to an adult patient’s heart with a stethoscope, they should be listening for a third heart sound. This may provide an important clue that the heart is not functioning well,” Drazner said.

Physicians assess jugular venous pressure by observing the pulsations in the jugular veins visible in the neck. “An elevation in the jugular venous pressure may reflect that a patient with heart failure has retained extra fluid,” Drazner said.

Recently, there have been concerns that physicians’ interest and skill in performing the physical examination are on the decline, which may be partly due to a new wave of high-tech imaging machines, Drazner said.

“Physicians are spending an increasing amount of time learning additional new technologies, which simply takes time away from mastering the physical examination. The message of this study is that the physical examination provides important information even in the present era of sophisticated technology,” Drazner said.

Physicians should not become so reliant on new technologies that they lose focus on the role and importance of a standard physical examination, Drazner said. “A central purpose of this study is to highlight to physicians and physicians-in-training that the physical examination does provide important prognostic information. We feel that in an era of evidence-based medicine, scientific studies assessing the value of a physical examination are extremely important to provide impetus for continued interest in the physical examination.”

Dr. Daniel Dries, assistant professor of internal medicine, and Dr. J. Eduardo Rame, a research fellow at UT Southwestern’s Donald W. Reynolds Cardiovascular Clinical Research Center, were co-authors of the study.

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