

SOUTHWESTERN NEWS

Media Contact: Rachel Horton
214-648-3404
rachel.horton@utsouthwestern.edu

NEW STUDY VALIDATES FIRST-EVER CRITERIA FOR SAFE AND RAPID TREATMENT OF PATIENTS WITH COCAINE-RELATED CHEST PAIN

DALLAS – Feb. 6, 2003 – Close observation and testing of patients with cocaine-related chest pain in the first 12 hours after diagnosis is sufficient to safely determine the risk of heart complications, according to a researcher at UT Southwestern Medical Center at Dallas.

The findings, published in today's *New England Journal of Medicine*, will help emergency departments develop standardized criteria for the safe and rapid discharge of patients with cocaine-associated chest pain, said Dr. Greg Larkin, UT Southwestern professor of emergency medicine, who designed the study.

With the new criteria, hospitals could avoid unnecessary patient stays, saving millions of dollars.

"This study boldly suggests that you don't have to be frightened to send patients home with cocaine-associated chest pain, provided you do certain tests first," Larkin said. "This can be reassuring to physicians and patients alike."

During the hour after cocaine is used, the risk of heart attack increases 24-fold. Cocaine accounts for up to 25 percent of heart attacks in patients between the ages of 18 and 45.

The study evaluated 344 patients with cocaine-associated chest pain. Of these, 42 were at high risk for cardiovascular complications and were admitted to the hospital. The remaining 302 were evaluated for nine to 12 hours after reporting to the emergency room, and physicians attempted to follow them for 30 days to record any further medical problems.

Researchers found that patients who did not show evidence of heart-muscle damage, impaired circulation or cardiovascular complications during the 12-hour observation period had a very low risk of death, blocked coronary blood vessels, or other problems in the 30 days after discharge. Of the 256 patients for whom detailed follow-up information was available, only four had nonfatal heart attacks during the 30 days after discharge. All four had continued to use

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cocaine after their release and had at least two other cardiac risk factors.

In 2000, there were 175,000 cocaine-related visits to U.S. emergency rooms. Forty percent of those patients reported chest discomfort, 57 percent of whom were admitted to hospitals for an average of three days. The cost to hospitals of caring for these patients exceeds \$83 million annually, according to the study.

“Here at Parkland Memorial Hospital, we see dozens of chest-pain patients every day,” Larkin said. “Some have used cocaine, and we admit a lot of them. Why? Because we don’t have a process currently in place where we can rapidly rule them out for cardiac disease and safely send them home.”

Larkin’s study offers specific treatment criteria to physicians treating these patients. The treatment, however, requires a chest-pain observation unit within an emergency room, which is currently available only at a limited number of emergency rooms across the country. Hurley Medical Center in Flint, Mich., has such a unit, which is where most of the patients in this study were evaluated.

Other authors of the study included researchers from the University of Michigan Medical School, Hurley Medical Center, the Hospital of the University of Pennsylvania in Philadelphia and Northwestern University Medical School.

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