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UT Southwestern cardiologists find old-fashioned physical exams just as good for assessing heart failure as new technology

DALLAS – Sept. 16, 2008 – Patient history and physical examination, traditionally the cornerstone diagnostic tool for medical care, may still be among the most accurate and cost-efficient methods to assess patients with congestive heart failure, UT Southwestern Medical Center researchers have found.

Such time-honored techniques have diminished in importance in recent years as doctors have come to rely on high-tech diagnostic approaches, such as imaging and measuring biomarkers.

In today's issue of *Circulation: Heart Failure*, however, UT Southwestern and other researchers have found that the history and physical exam are still viable.

"There has been a shift away from the use of the history and physical examination in patient care," said Dr. Mark Drazner, medical director of the Heart Failure and Cardiac Transplantation Program at UT Southwestern and the study's lead author. "The key objective of this study was to uncover whether the history and physical examination remains useful in the modern era."

History and physical examinations were performed for 388 patients enrolled in the Evaluation Study of Congestive Heart Failure and Pulmonary Artery Catheterization Effectiveness (ESCAPE) trial, and their findings were recorded on a standardized form. About half of these patients also underwent an invasive right-heart catheterization to measure how much fluid they had in their body.

Researchers found that the estimates of the amount of fluid from the history and physical exam compared favorably to the results of the invasive measurements.

Additionally, patients who were estimated to have extra fluid through the collection of histories and physical exams were found to be at increased risk of being hospitalized or dying over the next six months.

"Our study touches upon an important clinical question: If physicians were more adept at performing histories and physicals, would they rely less on more costly diagnostic tests?" said Dr. Drazner.

"Hopefully, this study might shift the pendulum back just a bit towards using the history and

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physical examination in patient care. It might even get trainees more interested in learning about the history and physical examination so that this important art can be perpetuated in future generations of physicians.”

The ESCAPE trial was conducted at 26 sites in the U.S. and Canada.

Scientists from Duke University Medical Center, Ohio State University Medical Center, Washington Hospital Center, Brigham and Women’s Hospital, the University of Minnesota, Johns Hopkins Hospital and Cleveland Clinic Foundation also contributed to this study.

The ESCAPE trial was supported by the National Heart, Lung and Blood Institute and an American Heart Association National Scientist Development Award.

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