

ARIC MANUSCRIPT PROPOSAL FORM

Manuscript #283

1. Title:

Unstable Angina

Full Title: Unstable angina in the ARIC communities: Prevalence and Medical Care

2. Writing Group:

(lead) W. Rosamond, Z-J Zheng, J. Cai, A. Folsom, D. Conwill, L. Cooper

3. Timeline:

Analyses are expected to be completed with 3 months; a draft manuscript can be presented to the writing group within 2 months after the completion of the analysis.

4. Rationale:

Unstable angina is a syndrome that comprises a spectrum of symptomatic manifestations of coronary artery disease intermediate between the well-defined diagnosis of stable angina pectoris and acute myocardial infarction. It is a common condition affecting a heterogeneous population of patients, and most often results from disruption of an atherosclerotic plaque and the subsequent cascade of pathologic processes that critically decrease coronary blood flow. Although there has been a decline in hospitalization for acute myocardial infarction in the United States, the number of patients discharged from hospitals with a diagnosis of unstable angina pectoris has increased. In 1991 alone, 570,000 hospitalization for this principal diagnosis resulted in 3.1 million hospital days. Unstable angina represents a challenge in medical management due to its significant association with myocardial infarction and cardiovascular disease mortality. The epidemiology of unstable angina, however, has not been well established. Little information is available regarding the etiology, natural history, and prevalence and incidence of unstable angina in populations.

5. Main Hypothesis:

1) Attack rate of unstable angina is higher in men than women, in whites than blacks. 2) Treatment of unstable angina differs by race and gender; 3) Prognosis and case fatality of unstable angina differs by race and gender.

6. Data:

ARIC surveillance data will be used for analyses. The ICD-9 codes 411.1 and 411.8 will be used to define unstable angina. The main variables include angina status, type of treatment (PTCA, CABG, thrombolytic agents, medications), prognosis, days of stay. Other variables include center, age, race, ECG, medical Hx.