

BACKGROUND:

Heart Failure and Stable Angina are important cause of morbidity and poor quality of life among the Cardiovascular patients. Despite optimal medical therapy, few patients are symptomatic and require hospitalisations. Non-invasive techniques like EECP are increasingly used but sparsely studied.

AIM OF THE STUDY

To observe the patients with angina and heart failure who undergo EECP and study its effect on clinical features and Echocardiographic profile, post procedure.

METHODS:

This study is a prospective study done on 50 patients with chronic Stable Angina & Heart Failure selected for EECP. Patients were assessed initially and after completion of 35 cycles of EECP.

RESULTS:

The Mean EF improved by 8.42 which was statistically significant ($p < 0.0001$). There was a reduction in pulse rate, which was statistically significant. Systolic BP decreased by 3 mm Hg on an average, with a p value of 0.05 and was not statistically significant. Diastolic BP reduced from 76.20 mm Hg, to 73.04 mm Hg and was statistically significant ($p < 0.012$). Female patients had significant improvement in EF ($p < 0.05$). Anginal symptoms decreased in 14 patients with symptomatic angina. 37 patients reverted back to Class I dyspnoea from Higher class of Dyspnoea after EECP. Few patients were optimised with a lower dose of Diuretics and Nitrates after careful assessment. 66% of patients enrolled had reported an Improvement in Quality of Life.

CONCLUSION:

We conclude that EECP significantly reduces anginal episodes, improves failure symptoms, reduces the dose of nitrates & diuretics, and improves the quality of life of the patients with only minimal risk of adverse events. Importantly, EECP is useful in a symptomatic TVD patient, unsuitable for revascularisation & also in patients with residual disease after PCI/CABG.

KEYWORDS:

Heart Failure, Angina, EECF, Ejection Fraction, TVD, Quality of Life, Nitrates, Diuretics