

**The Society of Thoracic Surgeons
Data Managers' Electronic Abstract Submission Form**

(Electronic Deadline: August 15, 2003, Midnight CDT)

ID# __10_____ (for internal STS use only)

1. **Authors' Information:** Please provide full name and title for each participating author.

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2. **Institution(s) Information:** Please provide name of Institution(s).

Institution Name: Medical City Dallas Hospital

City and State of Institution: Dallas, Texas

Institution Name: Cardiopulmonary Research Science and Technology Institute (CRSTI)

City and State of Institution: Dallas, Texas

Institution Name: _____

City and State of Institution: _____

For additional institutions please submit a second form.

3. **Title of Abstract:**

Title: Provide the title of the abstract. Please provide a short and specific title which indicates the nature of the study. Please use the following formatting guidelines; title case, no periods, no abbreviations. Example: This is a Properly Formatted Title

Coronary Artery Bypass Grafting- Are We Getting With The Program

4. Abstracts are limited to 250 words and must be typed and electronically submitted. The 250 limit does not include the title of the abstract or the author(s) name or title(s).

I. **Background:** A brief statement of the purpose of the study and the current state of research in the field.

In 1995 the American Heart Association (AHA) published guidelines (updated in 2001) for treatment of patients with coronary artery disease to minimize the recurrence of future cardiac events. The article recommended that all patients should be discharged on appropriate medications, to include a beta-blocker, ACE inhibitor, aspirin or other anti-platelet medication and cholesterol-lowering medication when appropriate. This study examines the medicines prescribed at discharge for patients hospitalized for coronary artery bypass grafting (CABG).

II. **Methods or Study Population:** The methods of study or experimental approach clearly, but briefly, defined.

Using our STS certified research database, data was exported on 6914 patients undergoing CABG between Jan 2000 and July 2003. Data was analyzed for the use of beta-blockers, ACE inhibitors, aspirin (or other anti-platelet drug) and cholesterol lowering agent measured at discharge after surgery.

III. **Results:** A summary of the results of the study, including sufficient details to support the conclusions made. To summarize results you may include one table (not to exceed 10 columns, 10 rows), or one graph, or one illustration (jpg file not to exceed 4" x 3" at 300 dpi).

At discharge 10.3% of these patients were prescribed all four classes of drugs and a further 34.2% received 3 of the drugs (4.3% had no drugs prescribed). Table 1 shows the data stratified by various parameters.

Of all patients receiving only 1 drug at discharge, 86% were given an aspirin (including other antiplatelet) medication. For those being prescribed 2 drugs, 96.0% received aspirin, while beta-blockers were prescribed to 56.9% and cholesterol lowering agents to 32.3% of the patients. In 3 drug regimens, aspirin was used 99.1% of the time, cholesterol lowering agents for 87.1% of patients and beta-blockers for 84.4%. Only 29.4% received a prescription for an ACE-inhibitor.

IV. **Conclusion:** A statement concerning the significance of the work and its implications for further research.

Despite published recommendations of the AHA regarding appropriate medication guidelines only 44.5% of patients being discharged after CABG received prescriptions for the recommended drug regimen.

	% with 4 drugs	% with 3 drugs
2000	5.9	29.3
2001	10.9	34.1
2002	15.0	37.7
2003	11.4	42.4
Females / Males	9.0 / 10.8	31.9 / 35.0
Caucasian	9.6	34.2
African-American	18.6	31.8
Hispanic	15.1	32.0
Other	17.3	38.9
On-pump / Off-pump	10.2 / 10.6	32.7 / 36.3