

### **Scope and Target Population:**

Please refer to related cardiac guidelines for specific target populations.

### **Clinical Highlights and Recommendations:**

The following principles apply to both genders and should always be considered when using stress testing in any clinical situation:

- Only order a test if the results will affect clinical management of the patient.
- The likelihood of having coronary artery disease (CAD) should always be considered when applying the test results to the patient.
- An important use of stress testing is to identify patients at high risk of cardiac death (those with left main or three vessel CAD).
- A comprehensive stress test report includes information on several important diagnostic and prognostic variables and does not simply report the study as positive or negative on the basis of the exercise ECG or images result.
- Most patients without prior revascularization with a normal or near-normal resting ECG and who are able to exercise adequately should undergo standard exercise treadmill testing rather than exercise or pharmacologic imaging (echo or nuclear imaging).
- Diagnostic goal and other ECG findings indicate which stress imaging study to order.
- Associated medical conditions determine which pharmacologic stress testing to use.

### **Priority Aims:**

The Cardiac Stress Test supplement does not contain Priority Aims or Suggested Measures. These components are covered in one or more of the related guidelines.

### **Additional Background:**

The primary aim of the Cardiac Stress Test supplement is to aid the clinician in selecting the type of stress test for an individual patient in a specific clinical situation. Some basic principles concerning test use and interpretation are also reviewed. The supplement does not recommend when a stress test should be performed, since this issue has already been addressed in the related ICSI cardiac guidelines. Once the clinician has decided to perform a stress test, the recommendations for test selection contained in the Cardiac Stress Test supplement should be applicable to the various clinical situations addressed in these other guidelines.

The Cardiac Stress Test work group felt that the supplement would be more user-friendly if arranged in the format of multiple tables instead of a decision-tree algorithm. This supplement is intended for the primary care clinician as a practical and concise aid for busy practitioners. For this reason, the rationale to support the recommendations made in the document and the number of references have intentionally been limited. This document is based on the national American College of Cardiology / American Heart Association (ACC / AHA) Guidelines for Exercise Testing. The interested reader is referred to the references listed in the Discussion and References section of the Cardiac Stress Test supplement.