**RE-EVALUATING THE ROLE OF HEART SCORE IN CHEST PAIN ADMISSIONS**

**H.A. Lodhi1**, H. Shafiq2, S. Jampana1, M. Waqas1, F. Hassan3, A. Shafiq4,5

1Baptist Desoto Hospital, Southaven, MS; USA

2Aureus University, Aruba

3Fatima Jinnah Medical College, Lahore, Pakistan

4Saint Luke’s Mid America Heart Institute, Kansas City, MO; USA

5University of Missouri – Kansas City, MO, USA

*Background:* Optimum utilization of inpatient cardiac stress test is essential in patients who present to ER with chest pain. The HEART Score is a simple tool that can be used to identify patients with low risk chest pain, who may safely forego inpatient cardiac stress testing. Patients with low HEART Scores have been shown to have a low incidence of major adverse cardiac events (MACE) after hospital discharge, however, whether these HEART Scores correlate strongly to findings of cardiac stress testing, is not clear.

*Methods:* We screened patients admitted to our hospital from October 2015 to December 2015 with a diagnosis of chest pain (ICD-9 codes; 786.50, 786.51, 786.59) who had undergone cardiac stress testing. HEART Scores were calculated for these patients, to categorize them into low (HEART Scores <4) and high risk (HEART Scores ≥4) groups. Cross tabulation and Chi-square testing was conducted to determine the association between HEART Scores and stress test results.

*Results:*Out of 227 patients admitted with chest pain, only 15 (6.6%) had a positive stress test. Among the study group, 80% (181/227) had HEART Scores ≥ 4 and were classified as high risk. Cardiac stress tests were positive in 6% of the high risk and 9% of the low risk patients. There was no statistically significant association between HEART Scores and stress test results: χ2(1) = 0.407, *p*= 0.523.

*Conclusion:*In our study group, we found no noteworthy association between high and low risk chest pain based on HEART Scores and cardiac stress test results.Despite the strong association of HEART Scores to MACE demonstrated in previous studies, it may not correlate well with the results of stress testing. Further work is needed to establish this relationship to advocate the use of HEART Score as a substitute to inpatient stress testing.