Minor prognostic associations

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Arteriographic and ventriculographic findings are the most important prognostic influences in chronic coronary disease, but there are minor factors that are of some interest. The following observations are based on the same series of 601 patients followed 10 years as reported by Doctor Bruschke. Prognosis is somewhat related to the ease with which angina is precipitated by walking (*Fig. 1*). Differences in prognosis are confined principally to the first year after the beginning of follow-up.

Electrocardiographic abnormalities have some bearing on prognosis, partially independent of other abnormalities (*Fig. 2*). Intraventricular conduction defects and evidence of left ventricular hypertrophy are especially adverse signs. Surgically resectable ventricular aneurysms and cardiac enlargement are associated with unfavorable outlook (*Figs. 3 and 4*). The temporal relations of angina to myocardial infarction, the occurrence of nocturnal angina, "unstable angina," sex, and serum cholesterol level had little bearing on prognosis. Diastolic hypertension was an unfavorable sign, but systolic elevation of blood pressure only did not influence prognosis. Clinical diabetes was associated with a 10-year survival of 24%.

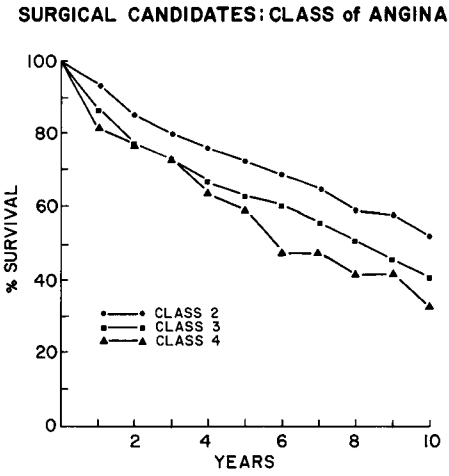

Fig. 1. Prognosis related to angina.

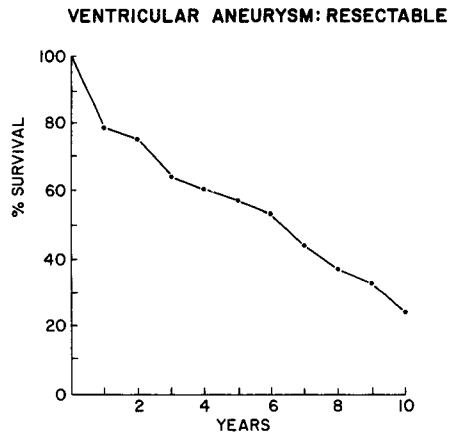

Fig. 3. Prognosis related to resectable ventricular aneurysms.

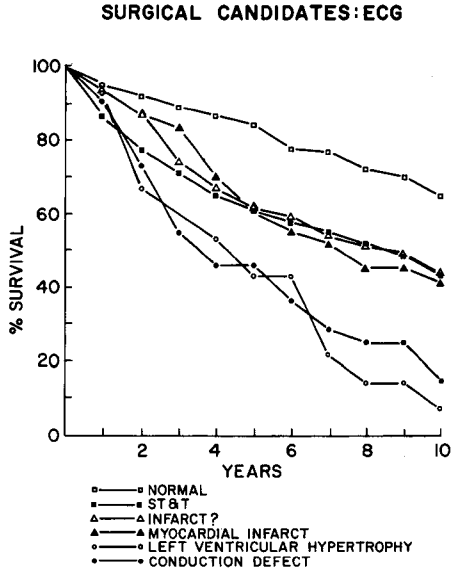

Fig. 2. Prognosis related to electrocardiographic abnormalities.

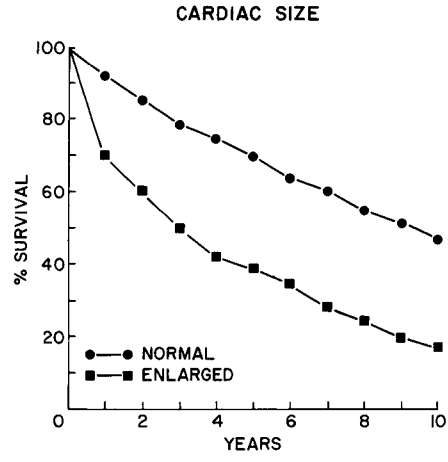

Fig. 4. Prognosis related to cardiac enlargement.

It was not possible to select clinical features that separated those who died subsequently of acute myocardial infarction from those who died suddenly (within 1 hour of the onset of the terminal illness).