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Spring 6-29-2022

"ECG PARAMETERS IN THE DIAGNOSIS OF CAD IN CHRONIC STABLE ANGINA PATIENTS"

Arjun M S Mr.

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ECG PARAMETERS IN THE DIAGNOSIS OF CAD IN CHRONIC STABLE ANGINA PATIENTS

ABSTRACT:

Background: Coronary artery disease due to atherosclerotic obstruction is one of the most common cause of heart disease. Stable coronary artery disease also known as effort angina chest pain worsens on exertion but reduces after several minutes of activity and it may reappear when exertion resumes.

Objectives: The aim of the study is to establish an ECG parameter among patients with CAD in chronic stable angina and to determine the different types of CAD and their associations with the help of ECG findings.

Methods: A total of 172 patients were enrolled for the present study who visited the cardiology department with Chronic stable angina. Angiographic data was obtained from the patients undergoing CAG which was a standard procedure to rule out CAD by the cardiologist or physician. Various other significant data's like ECG, baseline parameters, comorbidities and clinical laboratory data were obtained from the patients and echocardiographic data was recorded for comparison with ECG. All ECG parameters were thoroughly documented as in the proforma.

Results: In the current study, it is observed that the ECG parameters assessed in both chest and precordial leads is within the normal range in most of the patients. One of them presented with grade II diastolic dysfunction who displayed significantly increased P wave amplitude in anterior leads with median and IQR of (0.28 [0.28,0.28sec]) with P value (0.006) and lateral leads showed median and IQR of (0.18 [0.18,0.18]). Among the hypertensive patients the average QT interval in lateral 0.37 ±0.13sec where slightly higher.

Conclusion: In the present study conducted among 178 Chronic Stable Angina subjects it was found that there was no significant association between ECG patterns and magnitude of ECG waves observed among chronic stable angina patients except for few ECG parameters like PR interval, QRS duration and QT interval with minimal changes among diabetic and TMT positive subjects.