Early computed tomography coronary angiography in adults presenting with suspected acute coronary syndrome: the RAPID-CTCA RCT

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Plain English summary

The RAPID-CTCA RCT

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Plain English summary

Why did we do the research?

Chest pain is a common medical emergency. It is important to decide if the cause is a heart attack. The two tests that are often used are a heart recording (electrocardiogram) and a blood test (troponin levels). If both are normal, the cause of chest pain is unlikely to be a heart attack and the patient is often discharged home. If either test is positive or if the patient has had previous heart problems, then the patient may require further investigation. We wanted to test whether or not adding a heart scan called a computerised tomography coronary angiogram improved patients' care.

How did we do the research?

We carried out a randomised trial in which half of the patients attending hospital with chest pain had a computerised tomography coronary angiography scan as part of their assessment and half of the patients did not. In total, 1749 patients were recruited and followed up for 1 year.

What were the key findings?

- The addition of the computerised tomography coronary angiography scan did not make a difference to the overall number of patients diagnosed as having a heart attack or dying within 1 year.
- The addition of the computerised tomography coronary angiography scan did not change the patients' treatment or stop them having further medical problems.
- Patients who received the extra early scan were just as likely to come back to the hospital as those
 who did not.

Some advantages of the scan

- Doctors were more confident about their diagnosis when they had the scan to look at.
- Fewer people had further tests to look for heart disease.
- Participants reported higher satisfaction with their treatment in the extra early scan group.

Some disadvantages of the scan

 Participants who had the extra early scan stayed in hospital slightly longer and the cost was slightly higher.

Bringing it all together

The use of an additional early computerised tomography coronary angiography scan for chest pain patients of medium risk produced only small improvements in patient care.

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This report

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