Maine Medical Center
Department of Emergency Medicine

Journal Club / Research Article Summary - (Adapted from Schultz Table)

Date: ___7/18/2012________
Presenter: _____Lo Klouda_____________

ARTICLE:
- **Country:** USA
- **Funding Sources:** Hospital of University of Pennsylvania Health System

PURPOSE:
- **Research Question(s):** Is the TIMI risk score a useful tool for risk stratification of ED patients with chest pain?
- **Hypothesis:** TIMI is a useful tool for risk stratification for ED patients with chest pain and be used to help assist triage or disposition.

DESIGN:
- **Study Design:** Review / Meta analysis. Secondary analysis of a prospective observational cohort study that evaluated various risk stratification algorithms and tests for chest pain in the ED.
- **Outcomes:** composite of death, MI, and PCI and CABG w/in 30 days of presentation to ED.

SUBJECTS:
- **Subjects:**
  - **Number of Studies / Subjects:** 3,929
  - **Inclusion / Exclusion criteria:** Pts less than 24 whom had used cocaine in the previous week./ Pts with ST elevation that was not known to be old.
  - **Demographics:** adults older than 24 with chest pain that required ECG between July 9, 1999 and March 31, 2002.

METHODS:
Interventions: PCI or CABG

Study Groups: None

DATA ANALYSIS:
- Statistics Used: chi-square testing and the Cochrane-Armitage trend test
- What, if any, confounding variables were controlled for / adjusted for: None

RESULTS:
- Brief answers to research questions: TIMI score at the time of presentation in the ED is useful for predicting likelihood of adverse outcomes such as death, AMI, or revascularization.

IMPLICATIONS FOR PRACTICE:
- Applicable to this clinical practice: Yes
- Feasibility (cost, resources, etc): Very feasible. No additional cost other than the time required by the physician to perform the TIMI score.
- Clinically Relevant: Yes

LEVEL OF EVIDENCE / DECISION FOR USE:
- Background X Consider Replication Ready for use
- Level of Evidence:
  - Ia Evidence obtained from meta-analysis of randomized controlled trials
  - Ib Evidence obtained from at least one RCT
  - XX IIa Evidence obtained from at least one well-designed controlled study without randomization
  - IIb Evidence obtained from at least one other type of well-designed quasi-experimental study
  - III Well-designed non-experimental studies
  - IV Expert committee reports, opinions of experts