

Troponin for heart attack

SHOULD I TEST?

1 Will it make a difference?

<p>No if already have plan</p>	<p>No if patient doesn't want treatment</p>	<p>Yes take next steps</p>
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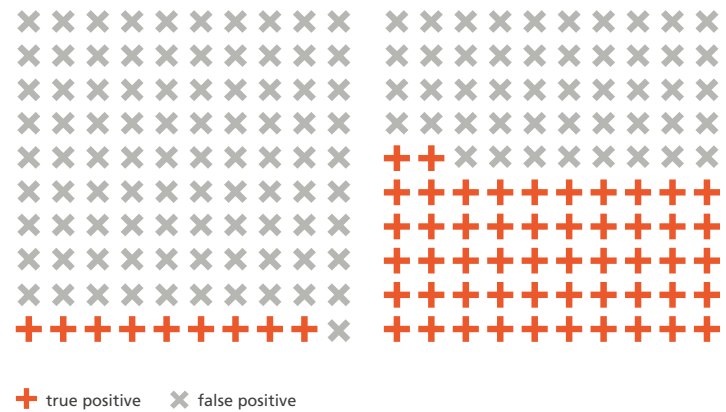
2 What is the chance of disease before testing?

<p>5% PRETEST PROBABILITY man 40–50 years old non-specific chest pain</p>	<p>1% PRETEST PROBABILITY woman <40 years old non-specific chest pain</p>
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3 What will a positive result mean?

<p>1% PRETEST PROBABILITY 9% true positive 91% false positive</p>	<p>10% PRETEST PROBABILITY 52% true positive 48% false positive</p>
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4 Decide with patient if testing.

Identifies **99%** of heart attacks

Treatment of heart attack is **beneficial**

False positives common if used indiscriminately

Positives lead to treatment, even if false positive—
aspirin, blood thinners etc.

Positives lead to stress tests and/or angiogram
which can result in **adverse events** and **patient costs**
for observation status

