

of diseased vessels and similar LVEF compared with men. At 6 months, mortality was similar in women and men (2.3% and 2.7%) and QOL, cardiac and depressive symptoms improved from baseline in both men and women. However, after taking into account baseline characteristics (symptom and QOL levels, age, medical history, number of hospitalizations in previous year, severity of CAD, NYHA class, body surface area and urgency of surgery) women showed less improvement in PCS (p=.001), dyspnea (p<.001) and depressive symptoms (p<.05) and had more hospital readmissions (33% versus 22%, p<.001). Women also had a more negative retrospective evaluation of the surgery and the recovery process.

Conclusion. CABG may be less effective in improving QOL in women with coronary heart disease compared with men.

1048-165 Choice of Revascularization Procedure in Diabetics Who Have Had Previous Coronary Surgery

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Background: Though studies indicate that diabetics with multivessel coronary disease may benefit from coronary artery bypass grafting (CABG) compared to percutaneous intervention (PCI), uncertainty regarding choice of revascularization may be greater for diabetics who have had prior CABG. This study evaluates outcomes of diabetics undergoing CABG or PCI after previous CABG.

Methods: Data was obtained over 15 years on diabetics undergoing CABG or PCI after prior CABG. Baseline characteristics were compared between the two groups. In-hospital and 10-year mortality was calculated. Multivariate correlates of long-term mortality were determined.

Results: The two groups were similar in age, sex, years of diabetes, and insulin dependence, but varied in time from first CABG, hypertension, prior myocardial infarction, angina severity, and presence of heart failure. Though in-hospital mortality was greatly higher with redo-CABG (11.2% vs. 1.6%), 10-year mortality rates were similar (67% PCI vs. 75% CABG, p=0.05). Correlates of long-term mortality were older age, hypertension, low ejection fraction, and an interaction between heart failure and PCI. PCI itself was not a long-term correlate of mortality.

	Total (n=1721)	PCI (n=1123)	CABG (n=598)	P value
Age	64±9	64±9	64±9	0.95
Years of Diabetes	10.6±9	10.8±9.2	10.3±8.3	0.52
Insulin Dependent	40%	38%	42%	0.19
Hypertension	72%	69%	76%	0.006
Prior MI	60%	56%	67%	0.0001
Class III-IV Angina	77%	79%	72%	0.0007
Heart Failure	18.2%	15.6%	24.3%	0.0001
Hospital Mortality	4.95%	1.61%	11.2%	<0.0001
10-year Mortality	70%	67%	75%	0.05

Conclusion: Recognizing the potential for selection bias in nonrandomized patients, choice of revascularization procedure did not affect long-term survival. Revascularization decisions in diabetics with prior CABG can be based on clinical and angiographic criteria, as well as patient preference.

1048-166 Predictors of Impaired Health Status Six Months After Coronary Artery Bypass Graft Surgery

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Background: Health Status after coronary artery bypass graft (CABG) is an important outcome. This study aims to identify preoperative determinants of poor health status 6 months post-CABG.

Methods: CABG patients were identified prospectively over one year and enrolled in the study at 14 surgical centers in Washington state (n=1070). Each patient completed a survey preoperatively and at six months postoperatively containing the RAND Short Form-36 (SF-36). The Physical Component Score (PCS) and Mental Component Score (MCS) were used as the main outcome. Multivariate logistic regression models were developed to determine predictors of poor health status, below the median PCS and MCS, six months post-CABG.

Results: 883 (83%) of the patients enrolled completed questionnaires. Non-responders had significantly more comorbidities, more social risk factors, less income, and less education than responders. Predictors of a below median PCS six months post CABG were baseline below median MCS and PCS, baseline unemployment, presence of congestive heart failure, baseline presence of comorbidities, and history of prior catheterization. Predictors of low MCS were below median baseline MCS and low income.

Conclusions: Presence of pre-operative clinical and social risk factors could be used to identify patients at risk for having less than optimal health status six months post-CABG. Identified patients may be candidates for case management, which could ultimately lead to better outcomes.

Multivariate Predictors of Below Median SF-36 Mental and Physical Component Scores

Preoperative Clinical Variable	Odds Ratio for Low PCS (95% CI)	P value	Odds Ratio for Low MCS (95% CI)	P value
MCS baseline				
Quartile 1 (lowest)	3.6 (2.2-6.0)	<.0001	6.3 (4.0-10.0)	<.0001
Quartile 2	2.4 (1.5-3.9)	.0003	3.3 (2.1-5.1)	<.0001
Quartile 3	1.7 (1.1-2.7)	.031	2.6 (1.7-4.0)	<.0001
Quartile 4 (highest) - Reference				
PCS Baseline				
Quartile 1 (lowest)	8.0 (4.6-13.8)	<.0001		
Quartile 2	3.5 (2.1-5.7)	<.0001		
Quartile 3	2.6 (1.6-4.2)	.0002		
Quartile 4 (highest) - Reference				
Income <25k vs >25K	1.1 (0.8-1.7)	.501	1.9 (1.4-2.8)	.0003
Missing income data vs >25K	2.2 (1.1-4.8)	.03	1.3 (0.7-2.3)	.425
Unemployed at Baseline	1.6 (1.1-2.3)	.02		
Congestive Heart Failure	2.2 (1.3-3.9)	.005		
Number of Comorbidities*				
1	0.9 (0.6-1.4)	.707		
2	1.4 (0.9-2.3)	.172		
3	5.3 (2.0-13.9)	.001		
>=4	6.7 (1.2-35.6)	.027		
Number of Lifetime Catheterizations vs none				
Site†		.021		.09

* Comorbidities include: hypertension, COPD, diabetes, cerebrovascular accident, chronic renal insufficiency, and peripheral vascular disease. Each category (1,2,3, >4) is compared to zero comorbidities as a reference. † Site is included to demonstrate its overall effect on the model

1048-167 Low Perceived Social Support Influences Quality of Life of Female Patients Undergoing Coronary Revascularization

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Background: Social isolation has been identified as an important indicator of prognosis after myocardial infarction. Little data exist describing the influence of social support on outcome after revascularization or the differential effect of social support on men and women. We examined the influence of social support and gender on disease specific quality of life in patients undergoing coronary revascularization.

Methods: This study prospectively tracked 446 patients' quality of life (QOL) and perceived social support (PSS) at baseline and at monthly intervals for 6 months following coronary revascularization (n= 243 undergoing PCI and 203 receiving CABG). The Seattle Angina Questionnaire (SAQ) was used to assess disease specific quality of life (QOL). SAQ scores range 0 - 100 where higher scores indicate better functioning. PSS was assessed by the ENRICH Social Support Inventory (ESSI). Higher scores on the ESSI indicate higher social support.

Results: Female patients with low PSS (n= 22) had worse QOL at the time of revascularization (mean SAQ score = 39 +/- 15 vs 49 +/- 22, for 122 women without low PSS, p=0.04), and after 6 months (mean SAQ score 67 +/- 29 vs 80 +/- 20; p= 0.04). In contrast, male patients with low PSS (n= 41) did not have statistically significant different QOL at baseline (51 +/- 22 vs 55 +/- 22 for males without low PSS (n= 261); p= 0.77), or at follow-up (71 +/- 26 vs 82 +/- 18, p= 0.06). Baseline characteristics (age, DM, HTN, EF, smoking, prior MI, prior PTCA) were similar in both groups of males and females except that more female patients with low PSS had had a prior CABG (27% vs 8% without low PSS, p= .04).

Conclusion: Perceived social support influences QOL in female patients with CAD undergoing revascularization. Interventions to improve social support in these patients may help in improving QOL of these patients before and after revascularization.

1048-168 Clinical Outcomes and Costs of Amplatzer Transcatheter Closure as Compared With Surgical Closure of Ostium Secundum Atrial Septal Defects

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Background: Transcatheter implantation of the Amplatzer septal occluder (ASO) is an alternative to conventional surgical closure of isolated secundum atrial septal defects (ASDs). Neither the clinical outcomes nor the costs of these procedures have been extensively compared.

Methods: We performed a retrospective cohort study to evaluate cost-effectiveness in patients with secundum ASDs who underwent closure using either placement of an ASO or surgery between 1998 and 2000. To estimate hospital costs, we multiplied the observed use of resources by TSI unit costs based on available accounting data.

Results: On the basis of trans-thoracic color doppler echocardiography performed at follow-up, the initial procedure resulted in successful closure (complete or any residual