

RESULTS

This study included 40 patients in addition to 20 healthy subjects as control.

Patients were classified into 2 groups:

Group I: included 20 patients, with ischemic heart disease (IHD).

Group II: included 20 patients, with ischemic heart disease taking Beta Blockers (IHD-B).

Table 1: shows clinical parameters in different groups before exercise.

There was no significant age difference between control (53.7 ± 8.9), IHD groups (55.2 ± 3.9), and IHD-B (54.7 ± 9.1) groups ($P > 0.05$).

The male/female ratio was not significantly different between control (13/7), IHD (15/5) and IHD-B (12/8) groups ($P > 0.05$).

Resting heart rate was not significantly different between control (73.0 ± 9.7), IHD (70.6 ± 10.0), and IHD-B groups (63.1 ± 4.3) groups ($P > 0.05$).

There was no significant difference in systolic blood pressure before exercise in control (122 ± 10), IHD (122 ± 10), and IHD-B (123 ± 8) groups ($P > 0.05$) and also no significant difference in diastolic blood pressure before exercise in control (76 ± 8), IHD (73 ± 2) and IHD-B (78 ± 8) groups ($P > 0.05$).

Table 2: Clinical parameters in different groups after exercise.

The peak exercise systolic blood pressure (162.7 ± 13.3) was significantly higher in control groups than both IHD, IHD-B groups ($P < 0.05$). But there was no significant difference in systolic (152.5 ± 11.5) and diastolic (95.5 ± 3.9) blood pressure of IHD and systolic (149.2 ± 5.9) and diastolic (92.0 ± 3.7) blood pressure of IHD-B groups ($P > 0.05$).

Exercise duration was highly significant in control (12.1 ± 0.79) versus both IHD (5.4 ± 1.4) groups and IHD-B (7.4 ± 1.08) groups. But exercise duration in IHD (5.4 ± 1.4) was not different from IHD-B (7.4 ± 1.08) groups ($P > 0.05$).

Peak exercise heart rate was significantly higher in control (163.8 ± 7.8) compared to both IHD (119.9 ± 14.7) and IHD-B (115.6 ± 12.1) groups ($P < 0.05$) but IHD (119.9 ± 14.7) and IHD-B groups (115.6 ± 12.1) showed no significant difference ($P > 0.05$).

Mean ST segment depression in patient with IHD was (2.7 ± 0.7) while in IHD-B was (3.0 ± 0.8). There was no significant difference between the two groups ($P > 0.05$).

Table 3: shows QT parameters before exercise in three groups.

QT interval was highly significant in both IHD groups (388 ± 21) and IHD-B (394.0 ± 19) than control groups (365 ± 21) groups ($P < 0.01$), but QT interval in IHD and IHD-B was not significantly different ($P > 0.05$).

Corrected QT was not significantly different between control (411 ± 15) groups IHD groups (419.04 ± 27) and IHD-B (403.7 ± 18) groups ($P > 0.05$).

There was highly significant elevation in QT dispersion in IHD groups (58 ± 15) than control groups (40.5 ± 12) ($P < 0.01$) and also IHD (58 ± 15) was significantly higher difference than IHD-B (36 ± 17) groups ($P < 0.01$). At the same time there was no significant difference between control groups (40.5 ± 12.7) and IHD-B (36 ± 17) groups ($P > 0.05$).

Corrected QT dispersion was significantly in IHD groups (66.7 ± 16) than control groups (43.9 ± 12) ($P < 0.01$) and also QT corrected dispersion was significantly higher in IHD groups (66.7 ± 16) than IHD-B (35.0 ± 18) groups ($P < 0.01$).

Table 4: Shows QT parameters after exercise in three groups.

QT interval showed highly significant difference in both IHD (335.0 ± 19) group and IHD-B groups (321.5 ± 30) than control groups (263.5 ± 13) ($P < 0.01$). But there was no significant difference between IHD (335.0 ± 19) and IHD-B (321.5 ± 30) groups ($P > 0.05$).

Corrected QT after exercise showed that was no significance difference in corrected QT interval between control, IHD and IHD-B (434.8 ± 16), (472.3 ± 34), (444.9 ± 41) respectively ($P > 0.05$).

QT dispersion was highly significant in IHD (45.5 ± 23) groups than control (24.0 ± 9) groups ($P < 0.01$) and also QT dispersion in IHD-B (36.5 ± 13) was significantly higher than control groups (24.0 ± 9) ($P < 0.02$).

but in IHD groups (45.5 ± 23) no significant difference with IHD-B (36.5 ± 13) groups ($P < 0.05$).

Corrected dispersion QT was highly significant in IHD groups (69.4 ± 36) than control groups (39.6 ± 15) ($P < 0.03$) and also IHD-B (53.7 ± 18) was significantly higher than control groups (39.6 ± 15) ($P < 0.02$) at the same time in IHD and IHD-B there was no significant difference ($P > 0.05$).

QT dispersion percent was highly significant in IHD groups (61.05 ± 15) than both other groups control (39.8 ± 13) groups and IHD-B (32.6 ± 18) ($P < 0.01$) but IHD-B groups was higher than control groups without significant difference ($P > 0.05$).

Corrected dispersion QT percent in IHD (65.4 ± 16) groups was highly significant than both other groups control (42.9 ± 12) groups and IHD-B groups (33.1 ± 19) ($P < 0.01$), at the same time IHD-B groups was higher than control groups but not significant difference between them ($P > 0.05$).

Table 5: Shows comparison of QT parameters in males and females in three groups before exercise:

There was no significant difference in R-R interval in three groups control males (0.84 ± 0.14) and control females (0.82 ± 0.06) groups ($P > 0.05$).

IHD males (0.87 ± 0.12) and IHD females (0.86 ± 0.14) groups ($P > 0.05$). IHD-B males (0.96 ± 0.06) and IHD-B females (0.94 ± 0.06) groups ($P > 0.05$).

There was no significant difference in QT interval between males and females in three groups.

Control males (372 ± 25) and control females (381 ± 13) groups ($P > 0.05$).

IHD males (388 ± 22) and IHD females (388 ± 24) groups ($P > 0.05$).

IHD-B males (395 ± 20) and females IHD-B (390 ± 17) groups ($P > 0.05$).

Corrected QT was not significant difference between males and females in three groups.

Control males (406 ± 13) and control females (422 ± 17) groups ($P > 0.05$).

IHD males (418 ± 29) and IHD females (430 ± 27) groups ($P > 0.05$).

IHD-B males (404 ± 17) and IHD-B females (404 ± 25) groups ($P > 0.05$).

QT dispersion showed not significant difference between males and females in three groups control males (39 ± 14) and control females (43 ± 11) groups ($P > 0.05$).

IHD males (61 ± 18) and IHD females (64 ± 9) groups ($P > 0.05$).

IHD-B males (33 ± 17) and IHD-B females (38 ± 22) groups ($P > 0.05$).

Corrected QT dispersion was not significant difference between males and females in three groups.

Control males (42 ± 12) and control females (47 ± 12) groups ($P > 0.05$)

IHD males (65 ± 19) and IHD females (69 ± 11) groups ($P > 0.05$)

IHD-B males (34 ± 18) and IHD-B females (40 ± 23) groups ($P > 0.05$).

Table 6: Shows comparison of QT parameters in males and females in three groups after exercise.

There was no significant difference in R-R interval between males and females groups.

Control males (0.37 ± 0.02) and females control (0.37 ± 0.02) groups ($P > 0.05$).

IHD males (0.51 ± 0.05) and IHD females (0.50 ± 0.07) groups ($P > 0.05$) and IHD-B males (0.53 ± 0.06) and IHD-B females (0.50 ± 0.03) groups ($P > 0.05$).

QT interval was not significantly different between males and females in three groups as follow.

Control males (267 ± 10) and control females (257 ± 18) groups ($P > 0.05$). IHD males (340 ± 17) and IHD females (328 ± 21) groups ($P > 0.05$).

IHD-B males (327 ± 30) and IHD-B females (306 ± 30) groups ($P > 0.05$).

Corrected QT was not significantly different between males and females in three groups as follows.

Control males (440 ± 13) and control females (425 ± 18) groups ($P > 0.05$).

IHD males (475 ± 24) and IHD females (468 ± 47) groups ($P > 0.05$). IHD-B males (449 ± 42) and IHD-B females (433 ± 42) groups ($P > 0.05$).

There was no significant difference in QT dispersion between males and females in three groups as follows.

Control males (26 ± 10) and control females (20 ± 8) groups ($P > 0.05$).

IHD males (62 ± 24) and IHD females (46 ± 22) groups ($P > 0.05$). IHD-B males (31 ± 15) and IHD-B females (32 ± 4) groups ($P > 0.05$).

Corrected QT dispersion was not significantly different between males and females in three groups control males (43 ± 16) and control females (33 ± 13) groups ($P > 0.05$) IHD males (87 ± 36) and IHD females (67 ± 5) groups ($P > 0.05$). IHD-B males (43 ± 21) and IHD-B females (45 ± 7) groups ($P > 0.05$).

QT dispersion percent was not significantly different between males and females.

Control males (38 ± 14) and control females (42 ± 11) groups ($P > 0.05$).

IHD males (60 ± 19) and IHD females (63 ± 9) groups ($P > 0.05$).

IHD-B males (31 ± 18) and IHD-B females (37 ± 23) groups ($P > 0.05$).

Corrected QT dispersion percent was not significantly different between males and females in three groups as follows.

Control males (41 ± 13) and control females (47 ± 12) groups ($P > 0.05$).

IHD males (64 ± 19) and IHD females (68 ± 11) groups ($P > 0.05$).

IHD-B males (32 ± 19) and IHD-B females (38 ± 24) groups ($P > 0.05$).