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English for a Changing World - Home Page: This page contains the key components of the Level 1. home page www.engtrans.sco.gov.au.. (presentation) Treatment of end-stage systolic dysfunction in patients with ischemic cardiomyopathy. Ischemic cardiomyopathy is associated with a poor prognosis. We assess the impact of heart failure treatment with angiotensin-converting enzyme inhibitors (ACEI), inotropes, and/or revascularization on the morbidity and mortality in patients with systolic dysfunction due to coronary artery disease. Data from the National Registry of Myocardial Infarction were used to develop a statistical model for mortality in ischemic cardiomyopathy based on predictors of left ventricular ejection fraction (LVEF). These predictors included demographic variables, clinical history, and prior treatment. Treatment with ACEI, inotropes, and/or revascularization were then added to the model in an attempt to improve prediction of mortality. The risk of mortality in patients with an LVEF less than 30% was predicted to be 3.5 times that in patients with an LVEF greater than 30%. The mortality rate in patients with an LVEF of less than 30% at baseline was 14.4% at 12 months, compared with 20.6% for those without revascularization. However, because of low baseline mortality in the model, even in patients with an LVEF of less than 30% at baseline, treatment with ACEI, inotropes, and/or revascularization increased the predicted mortality rate by only 0.8% (from 17% to 17.8%) at 12 months. Our model for predicting mortality in ischemic cardiomyopathy based on LVEF predicts significantly better than do published clinical predictors of outcome. Treatment of LVEF less than 30% with ACEI, inotropes, and/or revascularization in patients with ischemic cardiomyopathy has a limited effect on predicted mortality, however, although the morbidity and mortality rates appear to be greatly improved. Stabilization of the knee joint by posterior cruciate ligament transfer. We have studied the long-term effects of the combined anterior and posterior cruciate ligament injury on the stability of the knee joint. Fifteen patients with combined anterior and posterior cruciate ligament injuries were selected and treated with posterior cruci

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