CARDIOVASCULAR REGISTERS IN EUROPE: RESULTS FROM EUROCISS PROJECT

Madsen M, Primatessa P, Pajak A, Sans S, Giampaoli S on behalf of the EUROCISS Research Group
1 National Institute of Public Health, Copenhagen, Denmark
2 University College London Medical School, London, UK
3 Institute of Public Health, Medical College Jagellonian University, Krakow, Poland
4 Institut d’Estudis de la Salut, Barcelona, Spain
5 Istituto Superiore di Sanità, Rome, Italy

BACKGROUND

The EUROCISS project (European Cardiovascular Indicators Surveillance Set) is part of the Health Monitoring Programme of the European Commission and has been implemented to develop health indicators and recommendations for monitoring cardiovascular diseases (CVDs). The objectives of the first phase of the project included: (1) identify CVDs of importance in public health, (2) identify specific indicators for assessing morbidity, (3) develop recommendations for collection and harmonization of data.

METHODS

Using a questionnaire, the following information on acute myocardial infarction (AMI) population-based registers were collected: disease population characteristics (geographical area, temporal duration, age range), methods (case definition, ICD codes), procedures (record linkage and validation methods), morbidity indicators (attack rate, incidence, case fatality rate).

RESULTS

Out of 16 countries with available data up to now, 6 have no AMI population-based registers, 10 countries have regional AMI population-based registers, 4 of them have a national AMI register as well. These registers differ from each other for ICD codes used in the definition of fatal and non-fatal events, age range, record linkage, years covered and validation procedures. These differences make attack rate and incidence difficult to compare.

CONCLUSIONS

Register data are difficult to compare across countries cause differences on standardization, case definition, completeness, proper linkage, common diagnostic criteria and validation procedures. According to changing diagnostic criteria, Registers on Acute Coronary Syndromes (ACS) should be implemented.

When population-based registers cover representative areas of the country, they provide the best indicators for AMI/ACS, such as attack rate, incidence and case fatality. Given the high burden of AMI/ACS, efforts are needed for implementing registers in all European countries.

www.cuore.iss.it/eurociss/en/eurociss.htm