

The EUROCISS project: recommendations for AMI/ACS and STROKE Population-based Registers Implementation

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Abstract 3: Background: Cardiovascular disease (CVD) is the leading cause of death and hospitalisation in both genders in nearly all countries of Europe. Rates are expected to increase over the next decades as the proportion of older people increases. The magnitude of the problem contrasts with the shortage, weak quality and comparability of data available in most European countries.

Aim: main purpose of the 2nd phase of the EUROCISS Project (European Cardiovascular Indicators Surveillance Set) was to develop manuals of operations for population-based registers of Acute Myocardial Infarction (AMI)/Acute Coronary Syndrome (ACS) and stroke.

A population-based register includes first ever and recurrent event, both fatal and non-fatal, and allows to assess attack rate and case fatality.

Methods and results: cause of death and hospital discharge records per one complete calendar year should be available at a minimum. Record linkage between these different sources of information should be ensured. Register quality is very important for trends monitoring and comparison between regions/countries. It depends on completeness of cases and of information, and on validation, which evaluates the sensitivity, specificity and predictive value of the registered diagnosis compared to a golden standard.

Conclusions: CVD is a costly disease because of the large number of premature deaths, disability in survivors, impact on families/caregivers and on health services. It is therefore vital to have reliable information on the magnitude and distribution of the problem both for adequate health planning and clinical decision making. A step-wise surveillance procedure, based on routine data with standardized data collection, appropriate record linkage and validation methods applied in a sample of suspected events, is recommended by EUROCISS in order to build up an information system of reliable and comparable data of CVD.