Rapid diagnostic protocol for patients with chest pain.

Alexis Descatha, Sarah Derian, Charles Groizard

To cite this version:


HAL Id: inserm-00679724

http://www.hal.inserm.fr/inserm-00679724

Submitted on 16 Mar 2012

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L’archive ouverte pluridisciplinaire HAL, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d’enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.
Missing data and health inequalities?

Reply to “A 2-h diagnostic protocol to assess patients with chest pain symptoms in the Asia-Pacific region (ASPECT)”

DESCATHA Alexis 1,2,3, DERIAN Sarah 3, GROIZARD Charles 3

1. Inserm U1018, Centre for research in Epidemiology and Population Health,
   Epidemiology of occupational and social determinants of health, Villejuif, France ;
2. Université de Versailles St-Quentin, UMRS 1018, France ;
3. AP-HP, Poincaré University Hospital, Occupational health department/ EMS92
   (SAMU92), Garches, France.

Corresponding author. Alexis Descatha MD PhD, Inserm U1018, UVSQ, Unité de
pathologie professionnelle SAMU92, CHU Poincaré, 104 bd Poincaré, 92380 Garches,
France

(i) Declaration of interest: the author reports no conflicts of interest. The author alone
is responsible for the content and writing of the paper.
(ii) No copyright constraints.
(iii) No prior or duplicate publication or submission had been made elsewhere
(iv) Author: contribution: DESCATHA Alexis, DERIAN Sarah, GROIZARD are
responsible for the content and writing of the paper.

Tel: +33 (1) 47 10 77 54; Fax: +33 (1) 47 10 77 68; email: alexis.descatha@rpc.aphp.fr

Funding: none, ICMJE complete, no conflict of interest

Words 203
Sir,

We read with a particular interest the paper by Than and al. about accelerated diagnostic protocol to assess patients with chest symptoms (1). Based on the Thrombolysis in Myocardial Infarction (TIMI) score, electrocardiogram, and point-of-care biomarker panel of troponine, creatine kinase MB, and myoglobin, the authors identified patients at very low risk of a short-term major adverse cardiac event who might be suitable for early discharge.

Nevertheless, we are a little concerned about missing data of the TIMI score. The score includes “three or more risk factors for coronary artery disease” (yes=1), and significant coronary stenosis at previous angiography (yes=1). We wondered if a patient without regular health check-up was considered by authors as 0 or 1? This could be an important issue considering the threshold considered (TIMI score ≥ 1= positive). We know for instance that people of low socioeconomic status have a lower access to healthcare whereas they have more risk factors for coronary heart disease (2-4). However, without regular check-up, these people would have a lower TIMI score than they should have.

In conclusion, we think that the accelerated diagnostic protocol should take into account the absence of medical follow-up to consider data like social inequalities in health for instance.

References


