Acute Coronary Syndrome Registries: Can we compare them?

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Text :
Background: Registries are reliable observation tools, continuous in time, which bring objective responses on the occasion of the evaluation of professional practices and in the public health field. Many specialties in many countries have created their own registries. However world wide agreed methodology to build a register is still lacking and few quality rules have been edited.

Aim: We attempted to identify and compare the quality of Acute Coronary Syndrome Registries (ACSR)

Methods: 61 ACSRs were identified after a bibliographical analysis of 228 publications. Each of them was analyzed owing to specific criterion: size of geographic area concerned, length of survey, precision of objective, inclusion criteria, methodology, quality control, number and rate of patients included, treatments, delay, final diagnosis, follow-up quality outcome evaluation, mortality rate.

Results: Registries were classified in 2 categories: 1- Public Health Registries (PHR, n=7), with an exhaustive and continuous recording of one or more health-related precise events in a geographically defined population. PHR use a complex inclusion system scoring of individuals with the diagnosis. The international registry, MONICA, is the model of PHR. The second largest group of registry (n=54) are sector registries (SR), that usually focus on: a population subset, a type of facility, a feature of a pathology. SR share simple inclusion system scoring of patients selected in a population affected a disease. The French registry, e-MUST, concerning pre hospital management of acute myocardial infarction is an example of SR. All ACSRs share common objectives: evaluate, trace and improve professional practices. However, ACSRs have important conceptual differences, which make comparisons difficult.

Discussion: If each ACSR answers to a public health mission and/or a medical auto evaluation, the international guidelines on the management of coronary syndrome have not yet settled the rules to build up an efficient registry. So, it seems necessary to define a word wide agreed methodology to identify the objectives, homogenize the inclusion criterion, to define symptoms or clinical events… in other word to speak the same language and use the same tools for more efficiency at improving the quality of the care process. It is one of the aims of the HESCULAEP project concerning the pre hospital management of acute coronary syndrome in the European Union countries.