

THORACIC PAIN IN COMMUNITY (TOPIC study)

F. Verdon¹, L. Herzig¹, B. Burnand², B. Favrat³

¹Unit of General Medicine, University of Lausanne

²Institute of Social and Preventive Medicine, University of Lausanne

³Outpatient Medical Clinic, University of Lausanne, Switzerland

WONCAEUROPE2003 Book of abstracts Ljubljana, June 2003

Aims: To study frequency, prevalence, and clinical importance of thoracic pain in primary care.

Design: The study was conducted in primary care practices involving 58 GPs. Participants were recruited from March to May 2001. Of all visits during this period, we registered successive patients suffering from thoracic pain as their main or secondary complaint. GPs filled out a questionnaire at 0, 3 and 12 months.

Results: Of 24620 visits, 672 (3.1%) patients complaining of thoracic pain were recruited. Mean inclusion period was 5 weeks (min. 2 to max 11 weeks). 30% of the patients came in emergency and 70% had an appointment. GP's had already known 91% of the patients and had previously identified the cause of thoracic pain in 40% of the subjects.

GP's attributed thoracic pain to the following reasons :

- 51.0% chest wall pain
- 15.6 % cardiovascular diseases
- 11.2% psychiatric disorders
- 10.1% respiratory diseases
- 7.6% digestive diseases
- 4.3% without diagnosis

In emergency, we found more respiratory problems and less chest wall pain ($p < 0.001$), but the same cardiovascular diseases than in planned consultations. Furthermore we found more hospitalisations (12 % vs. 2.1%, $p < 0.0001$) but no more mortality (1.5% vs. 1.1%, $p = 0.9$) in emergency patients.

Conclusions: Thoracic pain is a frequent complaint in primary care and chest wall pain is the more frequent aetiology (51%). However 6% had immediate vital risk, 5% need hospitalisation and mortality was 1% at 3 months.