

Chest pain and coronary heart disease : Is diagnosis missed by GPs?

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Introduction. Chest pain is commonly encountered in general practice, covering numerous pathologies. The purpose of this study was to analyse the ability of general practitioners (GPs) to rule out coronary heart disease (CHD), a potentially life-threatening affection, in patients presenting with chest pain.

Methods. Prospective cohort study. Among 24'620 primary care encounters, 59 GPs consecutively included 672 patients (3.1%) presenting with thoracic pain (main or ancillary symptom) who were followed-up at 3 and 12 months. The diagnostic description was grouped in 5 clusters: thoracic wall, CHD, psychogenic, respiration, digestion. The specific diagnosis retained at the end of the initial encounter was compared with the 12-month diagnosis (or, when missing, with the 3-month diagnosis).

Results. Follow-up amounted to 100% and 96%, at 3 and 12 months, respectively. Long term follow-up diagnostic groups were: thoracic wall (43.6%), CHD (12.6%/n=85), psychogenic (11.5%), respiration (10.6%), digestion (8.2%), no diagnosis (3.1%). Only 13 CHD diagnoses were missed at first visit, corresponding to a false negative rate of 2,3%. No patient suffered from a missed CHD diagnosis.

Conclusions. Chest pain is not an uncommon symptom in general practice, attributed to CHD in one out of 8 patients. GPs are able to identify accurately CHD among a lot of benign affections; only a few cases were missed during the initial encounter.