

## Sequential steps in the diagnostic work-up of patients presenting with thoracic pain in primary care. The TOPIC study

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**Introduction.** Thoracic pain is frequently encountered in primary care, a symptom linked with different ailments which may necessitate immediate management. Our purpose was to investigate the successive steps in the diagnostic work-up of patients presenting with thoracic pain during the index encounter and to compare initial and 12-months follow-up diagnoses.

**Methods.** Among 24'620 primary care encounters, 58 physicians and one medical outpatient clinic included 672 consecutive patients presenting with thoracic pain (main or ancillary symptom). Physicians recorded a diagnostic description after initial appraisal (step1), completed history (step2), physical examination (step3) and at the end of the index encounter (step4), following possible diagnostic tests. This diagnostic description was grouped in 5 clusters: thoracic wall, cardiovascular, psychogenic, respiration, digestion. The specific diagnosis retained at the end of the initial encounter was compared with the 12-month diagnosis.

**Results.** A cluster diagnosis was reported in 70%, 82%, 92%, and 97% of encounters at step1-4, respectively. In 126 (19%) cases a change in the specific diagnosis was made after the index encounter. All patients who needed immediate treatment were appropriately managed. The major determinants of achieving a specific diagnosis at the end of the index medical encounter were: history taking (78%), physical examination (66%), a previously known patient (63%), initial appraisal (49%).

**Conclusions.** A diagnosis is rapidly obtained in patients presenting with thoracic pain in primary care and infrequently changed thereafter. Apparently no patient suffered from a delayed diagnosis. Knowing the patient, history taking and physical examination are major determinants to reaching a diagnosis.