

## HOW OFTEN DO GENERAL PRACTITIONERS MISS A CORONARY HEART DISEASE DIAGNOSIS IN PATIENTS PRESENTING WITH CHEST PAIN ?

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**BACKGROUND:** Chest pain is a frequent complaint in ambulatory care, and while well described in emergency settings, it is less well studied in general practice. 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, observational, cohort study of patients attending 58 private practices over a five-week period with undifferentiated chest pain. During a one-year follow-up, questionnaires including detailed history and physical exam, were filled out 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 the 3-month diagnosis).

**RESULTS:** Among 24 620 consultations, we observed 672 cases of chest pain (3.1%). Follow-up amounted to 100% and 96%, at 3 and 12 months, respectively. Long term follow-up diagnostic groups were: musculoskeletal (43.6%) , CHD (12.6%/n=85), psychiatry (11.5%), pulmonary (10.6%), digestive (8.2%), no diagnosis (3.1%). At one year, the percentage of patients suffering from CHD who were not suspected after the first encounter is low (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.