Rapid diagnostic protocol for patients with chest pain.

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Missing data and health inequalities?

Reply to "*A 2-h diagnostic protocol to assess patients with chest pain symptoms in the Asia-Pacific region (ASPECT)*"

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Sir,

We read with a particular interest the paper by Than and al. about accelerated diagnostic protocol to assess patients with chest symptoms (1). Based on the Thrombolysis in Myocardial Infarction (TIMI) score, electrocardiogram, and point-of-care biomarker panel of troponine, creatine kinase MB, and myoglobin, the authors identified patients at very low risk of a short-term major adverse cardiac event who might be suitable for early discharge.

Nevertheless, we are a little concerned about missing data of the TIMI score. The score includes "three or more risk factors for coronary artery disease" (yes=1), and significant coronary stenosis at previous angiography (yes=1). We wondered if a patient without regular health check-up was considered by authors as 0 or 1? This could be an important issue considering the threshold considered (TIMI score ≥ 1= positive).We know for instance that people of low socioeconomic status have a lower access to healthcare whereas they have more risk factors for coronary heart disease (2-4). However, without regular check-up, these people would have a lower TIMI score than they should have.

In conclusion, we think that the accelerated diagnostic protocol should take into account the absence of medical follow-up to consider data like social inequalities in health for instance.

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