

## CVD data to be standardized across Europe

## March 4 2013

Budgets are becoming tighter and health systems are under pressure to address the increasing burden of chronic diseases. Tackling chronic diseases requires up to date information on disease prevalence and risk factors but Europe currently lacks data on cardiovascular disease (CVD) that is standardized and can be compared.

The European Society of Cardiology (ESC) is therefore creating a task force on CVD data standardization so that data from different registries can be compared. The ESC will also collaborate with the PAtient REgistries iNiTiative (PARENT) Joint Action to create an inventory of registries - this will help the cardiology community find existing data and avoid duplication.

The moves follow a meeting of cardiology organizations and experts initiated by the ESC in Brussels, Belgium, to discuss the need for coordination and standardization of CVD data in Europe.

The ESC task force on CVD data standardization will build on Cardiology Audit and Registration Data Standards (CARDS). ESC experts were instrumental in CARDS, which was an initiative of the Irish Ministry of Health & Children and co-funded by the European Union (EU) in 2004. CARDS aimed to standardize the definitions used in the collection of CVD data, and resulted in three data sets for three subspecialties of cardiology: percutaneous coronary intervention, clinical electrophysiology and acute coronary syndromes.

Professor Frans Van de Werf (Leuven, Belgium), who was the instigator



of the Brussels workshop, said: "CARDS is nearly 10 years old and should be updated. We need to get more countries and studies involved in implementing it so that everyone can benefit from standardized, comparable data on <u>cardiovascular disease</u>."

Professor Van de Werf said: "The inventory of registries will provide a single entry point for health professionals, researchers and policy makers looking for real life data on cardiovascular diseases. It will also avoid duplication of data collection in Europe. Countries will be able to use country-level data from European registries, rather than establishing their own registry. This will save valuable time and money."

## Provided by European Society of Cardiology

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