

One in 4 patients who visited emergency department for chest pain did not receive follow-up care

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Patients with multiple health issues and who are at higher risk of adverse events are less likely to receive follow-up care from a physician after visiting an emergency department for chest pain, reports a study published in *Canadian Medical Association Journal* (*CMAJ*).

Chest pain is one of the most common reasons people visit emergency departments, with about 500 000 visits every year in Canada alone.

The study looked at 56 767 patients with chest pain who visited an emergency department in Ontario between April 2004 and March 2010. Of these, 42 535 (75%) were seen by a [primary care physician](#) or cardiologist within 30 days after discharge, and 14 232 (25%) did not receive follow-up care. Patients with multiple illnesses such as heart disease, kidney disease and dementia, and rural residency were less likely than others to receive follow-up care in the following month. Patients who had visited a primary care physician or cardiologist in the preceding year were more likely to see a physician after discharge.

"We initially thought that emergency department physicians would risk stratify patients such that those with more medical and cardiac comorbidities would receive more physician follow-up care," writes Dr. Dennis Ko, a senior scientist at the Institute for Clinical Evaluative Sciences (ICES) and an interventional cardiologist at the Schulich Heart Centre, Sunnybrook Health Sciences Centre, Toronto, Ontario, with

coauthors. "However, patients with more medical comorbidities in our cohort were less likely to receive physician follow-up postdischarge."

Current guidelines strongly suggest that patients discharged from emergency departments for chest pain should be seen by a physician within 72 hours for further assessment or treatment.

"Our study suggests that system factors such as access to care and [emergency department](#) annual [chest pain](#) volume are the strongest predictors of follow-up rather than patient factors. An improved strategy to ensure follow-up of patients particularly for those who have not previously seen a physician, is needed to improve the transition of care," the authors conclude.

More information: *Canadian Medical Association Journal* [DOI: 10.1503/cmaj.141294](#)

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