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Stroke, 2005 May;36(5):1031-4. Epub 2005 Mar 24.

Measuring accuracy of discharge diagnoses for a region-wide surveillance of hospitalized strokes.

Spolaore P¹, Brocco S, Fedeli U, Visentin C, Schievano E, Avossa F, Milan G, Toso V, Vanuzzo D, Pilotto L, Pessina AG, Bonita R.

Author information

Abstract

BACKGROUND AND PURPOSE: Measuring the impact of stroke through population-based stroke registers is complex and costly. The aim of the present study is to assess the validity of hospital discharge diagnoses (all ages) and to estimate the total number of hospitalized stroke events in the Veneto region (Northeastern Italy, 4,500,000 inhabitants).

METHODS: All discharges covering a 1-year period (1999) from Veneto hospitals with International Classification of Diseases, 9th Revision codes 342, 430 to 434, and 436 to 438 were identified. A stratified sample was extracted and submitted to retrospective clinical record review according to the World Health Organization MONitoring trends and determinants in CArdiovascular disease stroke project. Using the positive predictive value (PPV) for validated acute stroke of each code to adjust for inaccuracy of discharge diagnoses, an estimate of hospital strokes was obtained.

RESULTS: 4015 admissions were reviewed. Codes 430, 431, 434, and 436 as primary diagnoses had the highest PPV, which sharply decreased in the other diagnostic levels. Code 342 also showed a high PPV. The probability of suspected events meeting the stroke definition increased with age and was highest for patients admitted to neurological wards and for fatal events. Overall 9400 strokes (first-ever and recurrent) were estimated to be hospitalized in 1999, with an attack rate of 208 per 100,000.

CONCLUSIONS: Our data indicate that once validation studies are undertaken on a sample of all hospitalized events, hospital discharge records can provide a valuable source of information on the actual burden of strokes on hospital services.

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J Pain Palliat Care Pharmacother, 2012 Jun;26(2):105-10. doi: 10.3109/15380288.2012.681836.

How health professionals rate painfulness of childhood injuries and illnesses: a survey study.

van Dijk M¹, Timmers M, Snoek K, Scholten WK, Albertin R.

Author information

Abstract

Pediatric pain management has become well established in developed countries but may lag behind in developing countries, where potentially painful diseases such as gastroenteritis and meningitis are even more common. This survey asked health care givers in the developed and developing worlds to rate pain intensity of 12 common childhood diseases and to inventory the pharmacological and nonpharmacological treatment modalities in their settings. A survey was distributed online (Surveygizmo 3.0) to pediatric health caregivers who rated perceived painfulness of 12 diseases on a 0 to 10 numerical rating scale or stated that the disease was primarily discomforting in their opinion. Also they inventoried the pharmacological and nonpharmacological interventions they utilize in their setting. Sixty-five respondents completed the survey, of whom almost three thirds (72.3%) came from developed countries. Median painfulness scores ranged from 5 (chickenpox) to 9 (compound tibial fracture). The respondents considered a number of diseases that are more often seen in developing countries as painful. Pediatric pain management in the developing world should be improved in view of the high incidences of potentially painful diseases and the lack of (non)pharmacological interventions.

PMID: 22764845 [PubMed - indexed for MEDLINE]

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