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## HEART Score Underutilised in ED



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According to a new study published in the Annals of Internal Medicine, it is safe for physicians to use the HEART (History, ECG, Age, Risk factors, and initial Troponin) score to make important decisions regarding admission, observation or discharge in patients presenting to the emergency department with chest pain. However, the study highlights that the hesitance to refrain from admitting patients with low scores could have a small effect on health care costs.

**See Also:** [5 Tests for Better Heart Disease Prediction](#)

Nearly 80 percent of patients who present to ED with chest pain have a non-cardiac and non life threatening condition. They could easily be treated in an outpatient setting. However, due to this habit of admitting patients with low scores, nearly two-thirds of ED patients receive unnecessary testing which puts a large burden on the healthcare system. Despite the fact that the use of the HEART score could reduce this burden, its safety in daily practice is yet to be determined.

Researchers at the University Medical Center in Utrecht, the Netherlands conducted a study to examine outcomes on unselected patients with chest pain presenting at EDs in 9 Dutch hospitals. 3648 patients were included in the analysis out of which 1827 patients received the usual care while 1821 patients received HEART care. Participating hospitals started with usual care and then were randomly switched to HEART care every 6 weeks.

The proportion of patients with major adverse cardiac events was 1.3 percent lower in the HEART care group at the end of 6 weeks as compared to the usual care group. No statistically significant differences were seen in early discharge, readmissions, recurrent emergency department visits, outpatient visits or general practitioner visits. The use of healthcare resources was lower during HEART care but the differences were not statistically significant.

Findings thus suggest that the hesitance to use the HEART score may be due to the fact that using the score has only a small effect on healthcare costs. However, extrapolation of the findings of a cost-effectiveness analysis suggests that the use of the HEART score could lead to annual savings of €40 million in the Netherlands.

Source: [American College of Physicians](#)

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