

## ARIC Manuscript Proposal # 1331

PC Reviewed: 01/15/08  
SC Reviewed: \_\_\_\_\_

Status: A  
Status: \_\_\_\_\_

Priority: 2  
Priority: \_\_\_\_\_

**1.a. Full Title:** Comparison of Hospitalized Heart Failure Diagnostic Criteria

**b. Abbreviated Title (Length 26 characters):** Heart Failure Diagnosis

**2. Writing Group:**

Writing group members:

Wayne Rosamond, Patricia Chang, Alain Bertoni, Eyal Shahar, Gerardo Heiss, Woody Chambless, others welcome

I, the first author, confirm that all the coauthors have given their approval for this manuscript proposal. WR **[please confirm with your initials electronically or in writing]**

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Address:

Phone:  
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Fax:

**3. Timeline:** Analysis to begin spring 2008, first draft summer 2008

**4. Rationale:**

The classification criteria for diagnosis of hospitalized heart failure are not universally established. ARIC surveillance collects diagnostic data that can be used in a number of published criteria for epidemiologic studies of hospitalized heart failure. These include criteria referred to as Framingham, Modified Boston, Gothenburg, and NHANES criteria respectively. In addition, ARIC surveillance obtains diagnostic data from medical records

and submits them for physician review (2 members). Classification from the ARIC physician review is based on clinical judgment. However, currently the materials available for review by the physician panel includes the classifications from computer application of the above various published criteria. Therefore the ARIC review is not independent of the determinations by the other criteria. Consideration and possible modification of this current protocol will have to be made in the analytic approach to the study questions of this manuscript proposal.

**5. Main Hypothesis/Study Questions:**

1. How does the ARIC classification agree with the Framingham, Boston, Gothenburg and NHANES?
2. Using traditional criteria such as Framingham as a gold standard, what is the sensitivity and specificity of ARIC criteria?
3. How does knowledge of the classifications from computer application of Framingham, Boston, Gothenburg, and NHANES effect ARIC classification?
4. What is the validation proportion of different ICD 9 code groups for heart failure?
5. How well do different criteria and code groups distinguish decompensated heart failure from the other possibilities (including no heart failure).

**6. Design and analysis (study design, inclusion/exclusion, outcome and other variables of interest with specific reference to the time of their collection, summary of data analysis, and any anticipated methodologic limitations or challenges if present).**

**Data from hospitalized heart failure record (HFA) abstraction and HF MMCC review (HDX) will be used.**

**7.a. Will the data be used for non-CVD analysis in this manuscript?** \_\_\_\_ Yes  
\_\_X\_\_ No

**b. If Yes, is the author aware that the file ICTDER02 must be used to exclude persons with a value RES\_OTH = "CVD Research" for non-DNA analysis, and for DNA analysis RES\_DNA = "CVD Research" would be used?** \_\_\_\_

Yes \_\_\_\_ No

(This file ICTDER02 has been distributed to ARIC PIs, and contains the responses to consent updates related to stored sample use for research.)

**8.a. Will the DNA data be used in this manuscript?** \_\_\_\_ Yes  
\_\_X\_\_ No

**8.b. If yes, is the author aware that either DNA data distributed by the Coordinating Center must be used, or the file ICTDER02 must be used to**

exclude those with value RES\_DNA = "No use/storage DNA"?

\_\_\_\_ Yes \_\_\_\_ No

**9. The lead author of this manuscript proposal has reviewed the list of existing ARIC Study manuscript proposals and has found no overlap between this proposal and previously approved manuscript proposals either published or still in active status. ARIC Investigators have access to the publications lists under the Study Members Area of the web site at: <http://www.csc.unc.edu/ARIC/search.php>**

\_\_\_\_X Yes \_\_\_\_ No

**10. What are the most related manuscript proposals in ARIC (authors are encouraged to contact lead authors of these proposals for comments on the new proposal or collaboration)?**

**11. a. Is this manuscript proposal associated with any ARIC ancillary studies or use any ancillary study data?** \_\_\_\_ Yes \_\_X\_\_ No

**11.b. If yes, is the proposal**

\_\_\_\_ **A. primarily the result of an ancillary study (list number\* \_\_\_\_\_)**

\_\_\_\_ **B. primarily based on ARIC data with ancillary data playing a minor role (usually control variables; list number(s)\* \_\_\_\_\_)**

\*ancillary studies are listed by number at <http://www.csc.unc.edu/aric/forms/>

**12. Manuscript preparation is expected to be completed in one to three years. If a manuscript is not submitted for ARIC review at the end of the 3-years from the date of the approval, the manuscript proposal will expire.**