

Toulouse MONICA Project - Registry of acute coronary syndromes in South-Western France

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Last update : 01/23/2015 | Version : 1 | ID : 171

General

Identification

Detailed name Registry of acute coronary syndromes in South-Western France

Sign or acronym Toulouse MONICA Project

CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation

998155

General Aspects

Medical area Cardiology
Emergency medicine

Health determinants Pollution

Others (details) myocardial infarction coronary deaths sudden death

Keywords heart disease, prognostic, mortality, attack rate, therapeutic care, incidence

Scientific investigator(s) (Contact)

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Unit Département d'épidémiologie INSERM U1027

Organization INSERM

Collaborations

Funding

Funding status Public

Details INSERM ET InVS

Governance of the database

Sponsor(s) or organisation(s) responsible CHU de toulouse INSERM U1027

Organisation status Public

Additional contact

Main features

Type of database

Type of database Morbidity registers

Database recruitment is carried out by an intermediary A selection of health institutions and services

Database recruitment is carried out as part of an interventional study No

Additional information regarding sample selection. Selection of subjects having the required inclusion criteria.

Database objective

Main objective In the area of public health:
Permanent, regular and continuous monitoring of the acute heart disease makes it possible to establish epidemiological indicators that describe myocardial infarction: rate of incidence, rate of occurrence or rate of attack (incident and recurring cases), mortality rate (death from ischemic heart disease, sudden death), fatality rate. All of these indicators can be declined according to age, sex, and canton of residence. Their changes over time are analyzed on a regular basis and compared to other indicators such as the prevalence of cardiovascular risk factors measured in the population covered by the registry. Within the framework of the national network for monitoring ischemic heart diseases, transversal comparisons are also conducted on a regular basis with the

other two French registries that use the same methodology.

The registry is the reference tool for validating the regional or départemental indicators of morbidity built from other sources of data. This is for example the case for the construction of a regional indicator for ischemic heart diseases taking PMSI data into account. It is also used for validating the medical causes of death for deaths of heart or cardiac origin and sudden deaths.

The recording of the cases of myocardial infarction has been enriched with several population surveys (the latest from 2006-2007) which have made it possible to set up a genuine observatory on the change in the factors of risk in our département, in the département of Bas-Rhin and in the urban community of Lille.

In the area of research:

The registry of ischemic heart diseases makes it possible to develop analytical descriptive epidemiology. The cases of myocardial infarction have been used to conduct case/control surveys (ECTIM, GENES, etc.) making it possible to analyze the relative protection with regards to heart disease in our region. The registry also facilitates the development of several surveys of cohorts including the PRIME study and makes it possible to study new markers of the coronary risk. The indicators in the registry are directly placed in line with the recording of environmental indicators. It was as such possible to study the influence of atmospheric pollution on the survival of myocardial infarction and to analyze the consequences of an industrial accident on the incidence of myocardial infarction.

Inclusion criteria

All of the cases of myocardial infarction (living and dead), of coronary deaths (probable coronary death), sudden deaths (all of the sudden deaths occurring in less than 24 hours without any other cause of death), non-coronary deaths (cause of death indicated as sudden or coronary annulled by the registry), and death of undetermined origin (the cause of death could not be determined) in the département of Haute-Garonne.

Population type

Age

Adulthood (19 to 24 years)
Adulthood (25 to 44 years)
Adulthood (45 to 64 years)
Elderly (65 to 79 years)

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|--|---|
| Population covered | Sick population |
| Gender | Male Woman |
| Geography area | Departmental |
| French regions covered by the database | Languedoc-Roussillon Midi-Pyrénées |
| Detail of the geography area | Haute-Garonne |
| Data collection | |
| Dates | |
| Date of first collection (YYYY or MM/YYYY) | 1984 |
| Date of last collection (YYYY or MM/YYYY) | 2007 |
| Size of the database | |
| Size of the database (number of individuals) | [1000-10 000[individuals |
| Details of the number of individuals | 10746 (2002) |
| Data | |
| Database activity | Current data collection |
| Type of data collected | Clinical data Declarative data Biological data Administrative data |
| Clinical data (detail) | Direct physical measures Medical registration |
| Declarative data (detail) | Face to face interview Phone interview |
| Paraclinical data (detail) | angiographic results |
| Biological data (detail) | Laboratory parameters |
| Administrative data (detail) | Admission lists |
| Presence of a biobank | No |

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|---|---|
| Health parameters studied | Health event/morbidity Health event/mortality Health care consumption and services |
| Care consumption (detail) | Hospitalization Medicines consumption |
| Procedures | |
| Data collection method | A systematic collection of information intended to identify the cases is conducted with: (1) cardiology and cardiovascular surgery departments in hospitals and clinics (2) rehabilitation and convalescence centers (3) retirement homes (4) SAMU services (5) coroner services (6) DDASS for death certificates (7) general practitioners and liberal cardiologists |
| Participant monitoring | No |
| Links to administrative sources | Yes |
| Linked administrative sources (detail) | PMSI |
| Promotion and access | |
| Promotion | |
| Access | |
| Terms of data access (charter for data provision, format of data, availability delay) | Annual report to InVS and INSERM Weekly Epidemiological Record Scientific publications |
| Access to aggregated data | Access on specific project only |
| Access to individual data | Access on specific project only |