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***CMAJ* headlines:**

- ☐ **New tool better at predicting death after cardiac admission than current indexes**
- ☐ **Clinical guidelines from specialty societies often biased**

New tool better at predicting death after cardiac admission than current indexes

A new tool designed for patients with heart disease is better at predicting death after hospital admission than current tools, according to a study published in *CMAJ (Canadian Medical Association Journal*).

"This cardiac-specific tool, or index, to predict death outperforms current general indexes used to predict death," says Dr. Marc Jolicoeur, Montreal Heart Institute, Université de Montréal, Montréal, Quebec.

"The other available tools are good for all patients, but we developed one that is better specifically for cardiac patients."

Current indexes already exist to help predict likelihood of death and are widely used in clinical settings, although these are not disease-specific, and accuracy for patients with cardiac issues has not been widely investigated.

Researchers analyzed administrative data on cardiac patients admitted to the Montreal Heart Institute to create and test an index, the Cardiac-Specific Comorbidity Index, to help predict death both in-hospital and within one year in a group. They then tested the index in a group of almost 19 000 cardiac patients in Alberta. Their cardiac-specific comorbidity index outperformed both the Charlson–Deyo comorbidity index and the Elixhauser comorbidity index.

"Estimating risk is important for patients and their families, as well as policy-makers, to help them monitor outcomes at various hospitals and guide decisions," says Dr. Jolicoeur.

"With this tool, patients at high risk can be flagged, and appropriate care can be taken to manage their condition," he says.

Most importantly, this tool was derived and validated in Canada and will therefore be suitable for use by Canadian researches, administrators and decision-makers.

"A disease-specific comorbidity index for predicting mortality in patients admitted to hospital with a cardiac condition" is published March 18, 2019.

MEDIA NOTE: Please use the following public links after the embargo lift:

Research: *http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181186*

Clinical guidelines from specialty societies often biased

Clinical practice guidelines issued by specialty societies in North America often recommend health care services linked to their specialties, in contrast with European guidelines and those from independent organizations, argues a commentary published in *CMAJ (Canadian Medical Association Journal*).

"Regardless of country of origin, physicians often recommend procedures and treatments that they are trained to provide, a phenomenon known as 'specialty bias,'" write Drs. Ismail Jatoi, University of Texas Health, San Antonio, Texas, and Sunita Sah, Cornell University, Ithaca, New York. "This may explain why medical specialty societies frequently issue guidelines calling for greater use of health care services linked to their specialties …, thereby exacerbating overdiagnosis, overtreatment and increasing health care costs."

For example, the National Comprehensive Cancer Network in the US included 25 urologists on its 32-member guideline panel for prostate cancer and recommends prostate-specific antigen (PSA) screening for healthy men aged 45 and older. By contrast, the Canadian Task Force on Preventive Health Care, with no urologists on its 9-member panel, and the European Society for Medical Oncology, with one urologist on its 4-member panel, both recommend against PSA screening for men of all ages.

The type of health care system, such as fee-for-service, can also affect the type of recommendations, with specialists in such a system recommending more intensive diagnostic and treatment guidelines.

"Evidence-based clinical practice guidelines can improve health care delivery," write the authors. "Yet specialty bias and fee-for-service conflicts of interest threaten their validity and may lead to unnecessary overuse of health care services. More is not necessarily better in medicine; if anything, patient outcomes may be worse the more "care" they receive. Every medical test, procedure and treatment adds risk against potential benefit, and some may lead to more harm than good."

"Clinical practice guidelines and the overuse of health care services: need for reform" is published March 18, 2019.

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