



## ● Cardiology

# Evidence needs to be robust

What exactly is the Euro Consumer Heart Index that ranks Irish heart care ranks only 16th out of 29 European countries?

**A** rather dramatically worded press release issued from Brussels on 3 July 2008 carrying the above headline went on to state that Luxembourg leads the first Euro Consumer Index with a score of 836 points from a possible 1,000 followed by France, Norway and Switzerland, with Ireland scoring 652 points, well after, for example, the UK and Slovenia.

Put another way in five categories covering 28 performance indicators, Ireland's score placed it slightly below average, behind the majority of Western European systems.

Dr Arne Björnberg, Research Director for the Heart Index, commented that: "Despite being very active in establishing measures to curb smoking, Ireland scores poorly overall in prevention" and Mr Johan Hjertqvist, President of the Health Consumer Powerhouse (HCP), went on to comment that: "Ireland can improve their prevention activities through introducing national screening for heart disease and taking measures to control blood pressure (sic)". The Irish Heart Foundation has been to the fore in reminding government of the need to invest in the nation's cardiovascular health, but in doing so has been inconsistent that we spend according to the demands of well-researched data.

And one of the Irish weaknesses has been the deplorable investment in information technology that would allow us to have available data on which to plan future financial and managerial policies. However, we must not allow ourselves to be driven by weak and perhaps irrelevant data, however ex-

pedient this might be, to bring pressure on healthcare providers. We need to stand back, therefore, and look critically at this new Euro Consumer Heart Index and its recommendations for Ireland.

### Who is behind the Heart Index?

The Index was initiated by, and is produced by the HCP, a private healthcare analyst and information provider registered in Sweden which holds the copyright to the Index. The Index has been supported by an unrestricted grant from Pfizer, Inc. Six eminent European experts are listed as comprising an 'external expert reference panel' but perhaps notably are not listed as actual authors of the Index.

### How was the data researched?

The greatest weakness in the Euro Consumer Heart Index is an astounding lack of referencing of the data sources on which the conclusions of the report are based. It should go without saying that if the sources for data are flawed, it follows that all conclusions can at best be approximate surmises, and at

worst can lead to down-rightly misleading recommendations.

Indeed the Index acknowledges this by stating: "The first and most important consideration on how to treat the results is... 'with great care and restrictions against drastic conclusions!'

The Index even goes further by answering the question "Is this really research?" with the frank admission: "It is compiled consumer information. It is not clinical research and is not to be looked upon as research in the true academic sense... while by no means claiming that the Heart Index 2008 results are dissertation quality, the findings should not be dismissed as random findings."

Indeed one might ask 'and why not?' The main sources of input for the various indicators on which the Index bases its conclusions are cited as 'interviews with national CVD Experts and healthcare officials, national registries and/or other studies, surveys commissioned by HCP' Importantly the sources from which the Irish data were de-

rived are not referenced with one notable exception, namely a reference to the Health Protection Surveillance Center, Ireland 2006 (<http://www.ndsc.ie/hpsc/AboutHPSC/AnnualReports/File,2667,en.pdf>) which brings one to the Annual Report from this body – a report that deals solely with infectious diseases and has nothing whatever to do with cardiovascular disease!

### How should we react to the data in the Index?

There is never smoke without fire and even given the weaknesses to which I have referred there may be some anecdotal evidence in the Index indicating what we already know from much better scientific reports, namely that there is much room for improvement in the way we manage cardiovascular disease in Ireland.

But in deciding how best to go about this task let's rely at all times on evidence rather than whimsy, which as I have said, should oblige us to collect the evidence and to do urgently.

● **Prof Eoin O'Brien,**  
President,  
Irish Heart Foundation.

