

## Appendix 3B: Diagnostic Criteria for CHF – Validation Criteria

The criteria used for clinical validation of the administrative data sources include diagnostic criteria described by the Framingham investigators<sup>4</sup> and Carlson et al<sup>5</sup>. A combination of administrative and clinical criteria will be employed to define the sample.

<b>CHF DIAGNOSIS CLINICAL VALIDATION CRITERIA (CHART REVIEW)</b>	
<b>CRITERION 1</b>	<b>Framingham<sup>4</sup></b> (2 major or 1 major + 2 minor)
	Major: PND, orthopnea, neck vein distension, elevated JVP, rales, cardiomegaly (radiographic), pulmonary edema, S3, +ve HJR
	Minor: edema, nocturnal cough, dyspnea, hepatomegaly, pleural effusion, tachycardia, weight loss in response to diuretics
<b>CRITERION 2</b>	<b>Carlson score<sup>5</sup></b> (8-12 definite, 5-7 possible, 4 or less unlikely)
	History: rest dyspnea, orthopnea, PND, dyspnea on exertion
	Physical exam: increased heart rate, elevated JVP, crackles, wheeze, S3
	Radiographic: alveolar pulmonary edema, interstitial pulmonary edema, bilateral pleural effusions, cardiothoracic ratio >0.50, upper zone vascular redistribution.

<sup>4</sup> McKee PA, Castelli WP, McNamara PM, Kannel WB. The natural history of congestive heart failure: the Framingham study. N Engl J Med 1971; 285(26): 1441-1446.

<sup>5</sup> Carlson KJ, Lee DC, Goroll AH, Leahy M, Johnson RA. An analysis of physicians' reasons for prescribing long-term digitalis therapy in outpatients. J Chronic Dis 1985; 38(9): 733-739