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**Re: Fwd: письмо из Грузии**

Thursday, August 18, 2011 1:55 AM

**From:** "Stchastlivenko Andrei" <bhs_secretariat@inbox.ru>
**To:** "Dali Trapaidze" <dali_trapaidze@yahoo.com>

Глубокоуважаемые коллеги,
Просим извинения за поздний ответ. Мы в настоящее время находимся в отпуске. В сентябре мы собираемся выслать Вам материалы конференции по почте. Сообщаем Вам библиографические данные вашей работы.
Tsinamdzgvrishvili B., Trapaidze D. et al. Cardiovascular Mortality among Women of Reproductive Age in Georgia. Артериальная гипертензия и профилактика сердечно-сосудистых заболеваний. - Материалы VI Международной конференции. - Витебск, ВГМУ, 2011. - С. 258-262.

С уважением
Подпалов Владислав Павлович
Председатель Белорусского общественного
объединения по артериальной гипертензии, профессор

15 августа 2011, 09:44 от Dali Trapaidze <dali_trapaidze@yahoo.com>:

--- On **Tue, 8/9/11, Dali Trapaidze** ***<dali_trapaidze@yahoo.com>*** wrote:

From: Dali Trapaidze <dali_trapaidze@yahoo.com>
Subject: письмо из Грузии
To: "Stchalivenko Andrei" <bhs_secretariat@inbox.ru>
Date: Tuesday, August 9, 2011, 10:48 AM

Уважаемые Коллеги,
Приветсвую от имени Грузинского Обцества Гипертонии. Сожалеем, что не смогли участвовать в конференции в Витебске. Мы послали статью ,,Cardiovascular Mortality among Women of Reproductive Age in Georgia" .Нам интересно попала или нет наша статья в материалы конференции и в случае её публикации просим выслать потверждение и тезисы, если это возможно.
Заранее благодарим Вас.
С уважением,
Дали Трапаидзе
Руководитель рабочей группы контроля АГ

## Cardiovascular Mortality among Women of Reproductive Age in Georgia

B.Tsinamdzgvrishvili, D.Trapaidze, T.Abesadze, L.Sturua, R.Tataradze, I.Tavzarashvili, G.Abesadze, N.Sharashidze,Kh.Kereselidze

*Georgian Society of Hypertension, National Center of Cardiology, National Center for Disease Control and Public Health, Tbilisi State Medical University, Tbilisi, Georgia*

Cardiovascular diseases (CVD) have a major impact on the mortality and quality of life of human populations across the world, despite lifestyle modifications and innovations in the prevention and treatment of CVD during past decades. Cardiovascular risk management includes clinical management of established CVD, prevention of CVD in patients at high risk for developing CVD, and improvement of health-related lifestyles in population.

In the document of World Health Organization Regional Office for Europe and Georgian National Center for Disease Control and Public Health 2009 „Assessment of Non-communicable Diseases. Prevention and Control in Primary Health Care Level Setting", the following health care associated problems are outlined:

- Lack of countrywide conventional epidemiological surveys
- Data accumulation without autopsy specimen analysis
- Inadequate completion of mortality related medical records
- As death identification procedure became stringent, physician protection has risen (by exclusion of violent death); on the other hand, number of deaths due to unknown reason in database increased. Due to the existing state, any activity directed to verification of the causes of death in Georgia is of paramount importance.

The Ministry of Labor, Health and Social Affairs (MOLHSA) has requested the US Agency for International Development (USAID) to help organize a comprehensive study of reproductive age mortality rates among women aged 15-49 years. Healthy Women in Georgia/JSI Research and Training Institute in collaboration with US Center for Disease Control (CDC) in Atlanta and The National Center for Disease Control and Public Health of MOLSHA of Georgia have been working jointly to design and perform the Reproductive Age Mortality (RAMOS) Study.

In addition to collecting important data on death of reproductive age women, this study is providing insights into specific problems and needs in health information systems (HSS) and vital events registry in Georgia. RAMOS is an effective methodology that could be used to update data on maternal mortality in Georgia. This information can determine whether deaths in certain subpopulations or deaths due to specific causes may be misclassified.

The subpopulation of reproductive age women, in particular, raises unique problems in classifying causes of death.

One function of a mortality review is to determine the medical or pathological cause of death, which may or may not be reflected on the death certificate. Death certificates, medical records and autopsy reports are the basis for the determination.

Results from RAMOS are most useful for evaluating the magnitude of maternal mortality and other causes of death among WRA (Women Reproductive Age), assessing the importance or burden of maternal causes of deaths relative to other causes of deaths, and conducting a needs assessment for health care service quality improvement to prevent deaths in WRA.

The target population for the RAMOS study included all women aged 15 to 49 years with a permanent residence in Georgia who died in 2006.

All cases were studied by verbal autopsy questionnaire. 918 interviews were carried out in households. CVD-caused death was detected in 106 cases (11, 6%), malignancy in 417 (45,,4%), external causes of mortality in 146 (15, 9%). In 45-59 and 40-44 age groups CVD-caused mortality holds first and second positions respectively. In 58, 8 % of them death was detected at home, in 35,5% - in medical facilities and in 3, 8% - during transfer to medical care.

Cardiovascular diseases (CVD) including stroke, heart attack and heart failure represent the leading cause of death and disability worldwide, elevated blood pressure is a major cause of CVD, responsible for 62% of stroke and 49% of coronary heart disease cases.

In accordance with main aim of RAMOS study (death causes in pregnancy and one year after delivery), interviews with medical professionals and revision of medical records were carried out in medical facilities where medical assistance was rendered for the last time due to fatal disease or condition. Data obtained in households were used for detection of location of last medical assistance and realization of so called "facility phase" of the study.

Analysis of CVD-induced mortality of reproductive age women was planed by Georgian Society of Hypertension in scope of Early Detection and Screening Promotion component of Diseases Prevention State Program 2010.

*Aim:* To analyze cardiovascular mortality causes of reproductive age women based on RAMOS results.

In agreement with RAMOS study administration, analysis of certain modules of verbal autopsy questionnaires from data base was performed (passport section, module 1 - filter, module 2- other causes, module 3 – health care accessibility (A), module 3 – reproductive history (I), module 3 – lifestyle risk factors (L).

Analysis of above-mentioned modules of the main instrument of the study - verbal autopsy questionnaire serves as a basis for work out of special questionnaires aimed for revision of medical records.

Standard procedure of questionnaire work out (workshop with experts and expertise aimed for questionnaire formation) was carried out.

Considering CVD mortality and failure of diseases management in the country, activities were focused on health care service accessibility, assessment of rate of referrals and organizational issues. As for the questionnaire on primary health care facilities (which was absent in maternal mortality survey), importance of risk factors and generally CVD risk verification in outpatient records was emphasized.

The following activities were carried out for 118 cardio-vascular death cases:

- Desk research in medical institutions where medical services were provided because of fatal pathology
- In-depth interviews with medical personnel in the same institutions.

To create above-mentioned product, general outcomes of Ramos survey, as well as CVD mortality study results will be considered, in particular:

1. In 2006 one third of early maternal mortality and 60% of late maternal mortality was caused by pregnancy provoked exacerbation of prior diseases, first of all congenital or acquired CVD.
2. In structure of causes of CVD mortality of reproductive age women, first place belongs to apoplexy (stroke) with history of hypertension (57%). Among all individuals who died from stroke in hospital, hemorrhagic stroke was detected in 92% and ischemic stroke in 15%. In 7% reason was unspecified.
3. Among CVD mortality causes acute MI was detected in18%, sudden cardiac death in 13%. In 12% of cases death cause remained unknown.

4. Age group 40-49 accounts for 80% of all CVD caused deaths (40-44 -28%; 45-49 -52%).
5. Outpatient medical records are absent in primary care facilities in vast majority (83%) of investigated cases; hence, women, of this age group dies without her personal CVD risk verification.
6. Disadvantages of medical record's storage in primary care facilities were found.
7. In 41 % of cases deaths are detected in hospitals, however only one autopsy was performed
8. In inpatient records patient's reproductive history is ignored, with extremely rare exception.
9. Defects in completion of death certificates are found. Main error is: indication of terminal status only for identification of death causes (as heart or respiratory failure) and absence of information about pregnancy or post-delivery status at the moment of death.
10. Disadvantages in organization of hospitalization for emergency of neurology patients are found, as technical potential of hospitals is not considered by emergency teams.
11. It is significant that chest pain protocol is often ignored in diagnostics of MI by emergency team (for example, because of lack of ECG recorder).
12. Significant disadvantages in providing primary health care services to rural population.

Main directions of Recommendation for CVD management improvement:

- Active identification of diseases and intensification of risk assessment in primary health care
- Activation of strategy of prevention of manifested fatal and non-fatal CVD complications and diseases management according to state standards.
- Improvement of quality of medical records' completion procedure, adherence to storage rules, provision of accessibility to medical records of scientific-practical significance for the purpose of assessment of effectiveness and monitoring of individual and population level interventions.

*Conclusion*: Recommendation for Global Risk Score plays a central role in the detection, management or prevention of cardiovascular diseases at individual as well as population level. Cause-of-death data are essential to public health, because they have multiple uses including: surveillance, research, design of public health and medical interventions, and funding decisions.

*References:*

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*Stroke*, published online Dec.6,2010.
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