

Framingham Risk Scoring System as Predictor of Significant Coronary Artery Disease in Patients with Rheumatic Heart Disease

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Objective --- To determine the usefulness of Framingham's risk scoring for CAD with the diagnosis of Coronary artery disease in patients with Rheumatic Heart Disease.

Methods and Results --- There are 77 patients aged 40 and above that were included in the study. All of these patients are diagnosed to have rheumatic heart disease and will undergo coronary angiogram. Interviews and review of laboratory results were done. Framingham risk scoring was then use for each patient then correlates their score with their coronary angiogram results. The Framingham risk scoring showed a sensitivity of 76.5% and a specificity of 86.7% (95% CI) in diagnosing coronary artery disease. It gained a high negative predictive value of 92.9% and a relatively low positive predictive value of 61.9%. The prevalence of coronary artery disease among the population with rheumatic heart disease is 22%.

Conclusion --- The Framingham risk scoring can be use as an initial diagnostic tool in diagnosing coronary artery disease with high specificity and a high negative predictive value. A score of below 10 may not undergo coronary angiogram prior to valve surgery. *Phil Heart Center J 2012;16:78.*