

A nationwide adaptive prediction tool for coronary heart disease prevention

Tim A Holt and Lucila Ohno-Machado

SUMMARY

Standardised electronic recording of cardiovascular risk factor data collected during primary care delivery could be used to create a new strategy, using an adaptive prediction model, for targeting primary prevention interventions at high-risk individuals. In the short term, this should progressively improve data quality and allow risk modification to be monitored at the population level. In the long term, feedback of data on cardiovascular disease development might enable the model to tailor the recommended interventions more appropriately to the needs of the individual and to adapt to future changes in risk patterns. Ultimately, the inclusion of additional cardiovascular risk factors might enable a richer, more realistic picture of cardiovascular risk profiles to be uncovered. This model may have wider uses in both research and practice, and provides a further incentive for the standardisation of record keeping in primary care.

Keywords: primary prevention; number needed to screen; coronary heart disease; adaptive learning.

Introduction

THE National Service Framework (NSF) for coronary heart disease¹ recommends that patients with a greater than 30% risk of developing coronary heart disease in the following 10 years should be treated with a similar priority to those with established disease. Identifying such patients, who lack cardiovascular symptoms, presents a challenge for primary care teams, and the NSF stresses the need for a systematic rather than opportunistic service model, using electronic disease registers and standardised Read codes. There have been doubts about the quality and reliability of data collected in primary care ever since the development of large computer databases during the 1980s,² but where coding can be standardised, the ability of existing software, such as MIQUEST, to extract the data anonymously from practice databases provides the opportunity for a nationwide data collection system. Such standardisation is becoming an important means through which the goals of the NSF can be achieved.³ Patterns of cardiovascular risk among the United Kingdom (UK) population may vary in this century, as they did in the last, through changes in demography, lifestyle patterns, social conditions, modification of risk factors, and through genetic exchange with populations not adequately represented in the Framingham study,⁴ the data source on which current predictions are based. In this paper we discuss how an adaptive model might facilitate the identification of high-risk patients, progressively improve data quality, and ultimately adapt to the needs of individuals in a situation of changing coronary heart disease risk.

Adaptive predictive models

Adaptive predictive models are capable of 'learning' to classify cases according to patterns. They use existing data and classification 'gold standards' to construct a model that can predict to which class a new case belongs. They include algorithms, such as logistic regression, which was the basis for the Framingham algorithm, as well as more complex models, such as neural networks,⁵ support vector machines,⁶ and classification and regression trees.⁷ Neural networks, which are widely used in industry for pattern recognition and quality control, comprise input and output layers of processing units, between which hidden layers modify the transmission of information by attributing 'weights' to the various patterns of incoming data. Successful pattern recognition is reinforced through an increase in the weight attributed to the relevant input pattern. This is done initially by 'training' the network using an existing database, and then (if necessary) allowing the relative accuracy of future predictions to adjust the weighting mechanism in the hidden layers (Box 1).

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David T. Nash



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Coronary! David T. Nash, 1978 *Joint British Societies Coronary Risk Prediction Chart* British Cardiac Society, 1997*

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