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Validity of Gout Diagnoses in Administrative Data

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Background: The utility of using administrative data for epidemiological studies of gout is unknown. Therefore, we examined the validity of gout diagnoses in claims data.

Methods: From a population of approximately 800,000 members from four managed care plans, we identified patients who had at least two ambulatory claims for a diagnosis of gout between 1/1/1999 to 12/31/2003. From this group, a random sample of 200 patients was chosen for medical record review. Trained medical record reviewers abstracted gout-related clinical, laboratory and radiologic data from the medical records. Two rheumatologists independently evaluated the abstracted information and assessed whether the gout diagnosis was "probable/definite" or "unlikely/insufficient information." Discordant physician ratings were adjudicated by consensus. Based on record reviews, patients were also classified based on the American College of Rheumatology, Rome and New York gout criteria and these results were compared to the physician global assessments.

Results: There were 121 patients rated as "probable/definite" gout by physician consensus leading to a positive predictive value of two or more coded diagnoses of gout of 61% (95% CI 53-67). There was low concordance between physician assessments and established gout criteria including American College of Rheumatology, Rome and New York criteria (kappa of 0.17, 0.16 and 0.20 respectively).

Conclusions: Use of administrative data alone in epidemiologic and health services research on gout may lead to misclassification. It is difficult to confirm diagnoses of gout through review of abstracted medical records.