# Egas Moniz Database

**First published:** 01/02/2024

**Last updated:** 27/01/2026

Data source | Human | Other

## Administrative details

### Administrative details

**Data source ID**

1111133

**Data source acronym**

EMDB

**Data holder**

Clinical Academic Center Egas Moniz (CAC-EMHA)

**Data source type**

Other

**Data source type, other**

EHRs contain totality of hospital visits, surgical procedures, prescribed medications (inpatient and outpatient), totality of laboratory measurements,

selected specimen and device data, death date and hospital diagnosis associated with death, allergies, nursing procedures, totality of clinical notes

**Main financial support**

European public funding

Funding by own institution

**Care setting**

Hospital inpatient care

Hospital outpatient care

Secondary care – specialist level (ambulatory)

**Data source qualification**

If the data source has successfully undergone a formal qualification process (e.g., from the EMA, ISO or other certifications), this should be described.

Yes

**Description of the qualification**

Member of the EHDEN and DARWIN EU® initiatives

**Data source website**

https://www.emha.pt/

# Contact details


## Firmino Machado firmino@ua.pt

**Main**

firmino@ua.pt

# Data source regions and languages

**Data source countries**

Portugal

**Data source languages**

Portuguese

# Data source establishment

**Data source established**

01/01/2008

**Data source time span**

**First collection:** 01/01/2008

The date when data started to be collected or extracted.

# Publications

## Data source publications

Prediction of Survival after 48 Hours of Intensive Unit Care following Repair of Ruptured Abdominal Aortic Aneurysm—Multicentric Study for External Validation of a New Prediction Score for 30-Day Mortality

Prevalence of paroxysmal atrial fibrillation in a population assessed by continuous 24-hour monitoring

Very long-term survival and late sudden cardiac death in cardiac resynchronization therapy patients

Diagnosis of obstructive coronary artery disease using computed tomography angiography in patients with stable chest pain depending on clinical probability

and in clinically important subgroups: Meta-analysis of individual patient data

Effectiveness and safety of bedaquiline containing regimens in the treatment of MDR- and XDR-TB: A multicentre study

## Studies

### List of studies that have been conducted using the data source

DARWIN EU® – Paracetamol prescribing and paracetamol overdose in Europe: a descriptive analysis of trends and patient characteristics

DARWIN EU® - RR2 Drug utilisation study of prescription opioids

DARWIN EU® - Drug Utilisation Study on Antibiotics in the ‘Reserve’ category of the WHO AWaRe classification of antibiotics for evaluation and monitoring of use

DARWIN EU® - Enabling pregnancy and mother-child research in DARWIN EU® Data Network - PeriNet

DARWIN EU® - Capturing suicidality and depression related variables in databases

DARWIN EU® - Population demographics and disease frequency across the DARWIN EU® network

## Data elements collected

### The data source contains the following information

## Disease information

Does the data source collect information with a focus on a specific disease? This might be a patient registry or other similar initiatives.

Yes

## Disease details (other)

Source data is recorded using ICD-9 and ICD-10 and mapped into OMOP-CDM standard SNOMED concepts

## Rare diseases

Are rare diseases captured? In the European Union a rare disease is one that affects no more than 5 people in 10,000.

No

## Pregnancy and/or neonates

Does the data source collect information on pregnant women and/or neonatal subpopulation (under 28 days of age)?

Yes

## Hospital admission and/or discharge

Yes

## ICU admission

Is information on intensive care unit admission available?

Yes

## Cause of death

Captured

## Cause of death vocabulary

SNOMED

SNOMED CT

### Prescriptions of medicines

Captured

### Prescriptions vocabulary

RxNorm

### Dispensing of medicines

Not Captured

### Advanced therapy medicinal products (ATMP)

Is information on advanced therapy medicinal products included? A medicinal product for human use that is either a gene therapy medicinal product, a somatic cell therapy product or a tissue engineered products as defined in Regulation (EC) No 1394/2007 [Reg (EC) No 1394/2007 Art 1(1)].

Yes

### Contraception

Is information on the use of any type of contraception (oral, injectable, devices etc.) available?

Yes

### Indication for use

Does the data source capture information on the therapeutic indication for the use of medicinal products?

Not Captured

### Medical devices

Is information on medicinal devices (e.g., pens, syringes, inhalers) available?

Yes

### Administration of vaccines

Yes

## Procedures

Does the data source capture information on procedures (e.g., diagnostic tests, therapeutic, surgical interventions)?

Captured

## Procedures vocabulary

SNOMED CT

## Healthcare provider

Is information on the person providing healthcare (e.g., physician, pharmacist, specialist) available? The healthcare provider refers to individual health professionals or a health facility organisation licensed to provide health care diagnosis and treatment services including medication, surgery and medical devices.

Yes

## Clinical measurements

Is information on clinical measurements (e.g., BMI, blood pressure, height) available?

Yes

## Genetic data

Are data related to genotyping, genome sequencing available?

Not Captured

## Biomarker data

Does the data source capture biomarker information? The term “biomarker” refers to a broad subcategory of medical signs ( objective indications of medical state observed from outside the patient), which can be measured accurately and reproducibly. For example, haematological assays, infectious disease markers or metabolomic biomarkers.

Captured

### Biomarker data vocabulary

Other

### Patient-reported outcomes

Is information on patient-reported outcomes (e.g., quality of life) available?

No

### Patient-generated data

Is patient-generated information (e.g., from wearable devices) available?

No

### Units of healthcare utilisation

Are units of healthcare utilisation (e.g., number of visits to GP per year, number of hospital days) available or can they be derived? Units of healthcare utilisation refer to the quantification of the use of services for the purpose of preventing or curing health problems.

Yes

### Unique identifier for persons

Are patients uniquely identified in the data source?

Yes

### Diagnostic codes

Captured

### Diagnosis / medical event vocabulary

ICD-10-CM

ICD-9-CM

SNOMED CT

### Medicinal product information

Captured

**Medicinal product information collected**

Active ingredient(s)

Dose

Formulation

Route of administration

**Medicinal product vocabulary**

ATC

RxNorm

**Quality of life measurements**

Captured

**Quality of life measurements vocabulary**

Not coded (Free text)

**Lifestyle factors**

Not Captured

**Sociodemographic information**

Captured

**Sociodemographic information collected**

Age

Country of origin

Deprivation index

Gender

Health area

# Quantitative descriptors

# Population Qualitative Data

**Population age groups**

Paediatric Population (< 18 years)

Preterm newborn infants (0 – 27 days)

Term newborn infants (0 – 27 days)

Infants and toddlers (28 days – 23 months)

Children (2 to < 12 years)

Adolescents (12 to < 18 years)

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Elderly (≥ 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

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**Estimated percentage of the population covered by the data source in the catchment area**

100%

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**Description of the population covered by the data source in the catchment area whose data are not collected (e.g., people who are registered only for private care)**

The information available is collected in public institutions, part of a National Health System. These institutions grant access to all the population in the catchment area. Nevertheless, private-sector health records are not included in our database.

## Family linkage

**Family linkage available in the data source permanently or can be created on an ad hoc basis**

Permanently

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**Family linkage available between the following persons**

Mother-child

## Population

**Population size**

992000

## Median observation time

**Median time (years) between first and last available records for unique individuals captured in the data source**

14.00

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**Median time (years) between first and last available records for unique active individuals (alive and currently registered) capt**

13.00

# Data flows and management

## Access and validation

**Biospecimen access**

Are biospecimens available in the data source (e.g., tissue samples)?

Yes

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**Biospecimen access conditions**

Upon request and approval by the local Ethics Committee / Clinical Academic Center Direction Board

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**Access to subject details**

Can individual patients/practitioners/practices included in the data source be contacted?

Yes

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**Description of data collection**

Each type of data is collected using a different information system/electronic record. Support staff, nurses, medical doctors, and allied health professionals are involved to input data. Each information system/electronic uses a different database that associates a patient's unique ID number to the collected data. Data from several databases is collected in a unique database (master_database), using the patient's unique ID to interlink the information. Details on the specific information system/electronic are provided as follows: i) Slinico software » Sclinico_database (medical, nursing, ancillary studies data); ii) RNU » RNU_database (administrative data); iii) PEM software » PEM_database (prescription data).

# Event triggering registration

**Event triggering registration of a person in the data source**

Birth

Disease diagnosis

Practice registration

Start of treatment

**Event triggering de-registration of a person in the data source**

Death

# Data source linkage

**Linkage**

Is the data source described created by the linkage of other data sources (prelinked data source) and/or can the data source be linked to other data source on an ad-hoc basis?

Yes

**Linkage description, pre-linked**

Each patient has a unique patient ID (ID variable) that corresponds to the number of the citizenship ID card or passport. This a unique number, therefore no duplicates can occur.

The ID variable will be associated to all the events (e.g., procedure, appointment, administrative task, prescriptions) recorded on the databases previouly mentioned (Sclinico_database; RNU_database; PEM_database).

This ID variable is used to assemble a unique database that includes all the data recorded, for each patient, in the previouly mentioned databases.

# Linked data sources

**Pre linked**

Is the data source described created by the linkage of other data sources?

Yes

**Data source, other**

PEM_database

**Linkage strategy**

Deterministic

**Linkage variable**

Unique patient ID

**Linkage completeness**

10000.00%

**Pre linked**

Is the data source described created by the linkage of other data sources?

No

**Data source, other**

RNU_database

**Linkage strategy**

Deterministic

**Linkage variable**

Unique patient ID

**Pre linked**

Is the data source described created by the linkage of other data sources?

No

**Data source, other**

Sclinico_database

**Linkage strategy**

Deterministic

**Linkage variable**

Unique patient ID

## Data management specifications that apply for the data source

**Data source refresh**

Every 6 months

**Informed consent for use of data for research**

Required for intervention studies

**Possibility of data validation**

Can validity of the data in the data source be verified (e.g., access to original medical charts)?

Yes

**Data source preservation**

Are records preserved in the data source indefinitely?

No

**Data source preservation length (years)**

50 years

### Approval for publication

Is an approval needed for publishing the results of a study using the data source?

Yes

### Data source last refresh

01/01/2025

## Common Data Model (CDM) mapping

### CDM mapping

Has the data source been converted (ETL-ed) to a common data model?

Yes

### CDM Mappings

### CDM name

OMOP

### CDM website

https://www.ohdsi.org/Data-standardization/

### Data source ETL CDM version

1

### Data source ETL frequency

6,00 months

### Data source ETL specifications (file)

CAC_EMHA ETL design.pdf (1.29 MB)

**Data source ETL status**

In progress