



HAL
open science

Response

Anne Peskine, David Hajage, Charles-Edouard Luyt

► **To cite this version:**

Anne Peskine, David Hajage, Charles-Edouard Luyt. Response. Chest, 2021, 159 (3), pp.1303–1304. 10.1016/j.chest.2020.10.004 . hal-03879089

HAL Id: hal-03879089

<https://hal.sorbonne-universite.fr/hal-03879089v1>

Submitted on 12 Jun 2023

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Answer to “Temporal trends of functional outcomes in survivors of out-of-hospital cardiac arrest”, by Jiang J

Anne Peskine, MD¹, David Hajage, MD PhD², Charles-Edouard Luyt, MD PhD^{3*}

¹ Service de Médecine Physique et Réadaptation, Groupe Hospitalier Pitié–Salpêtrière, Assistance Publique–Hôpitaux de Paris (APHP), Paris, France. ² Sorbonne Université, INSERM, Institut Pierre-Louis d’Epidémiologie et de Santé Publique, APHP, Hôpitaux Universitaires Pitié–Salpêtrière-Charles Foix, Département Biostatistique Santé Publique et Information Médicale, Centre de Pharmacoépidémiologie (Cephepi), CIC-1421, Paris, France.

³ Sorbonne Université, INSERM, UMRS_1166-ICAN Institute of Cardiometabolism and Nutrition, and Service de Médecine Intensive Réanimation, Institut de Cardiologie, Groupe Hospitalier Pitié–Salpêtrière, APHP, Paris, France.

*Correspondence: Dr. Charles-Edouard Luyt, Médecine Intensive Réanimation, ICAN, Institut de Cardiologie, Groupe Hospitalier Pitié–Salpêtrière, 47–83, boulevard de l’Hôpital, 75651 Paris Cedex 13, France. Tel: +33 (0)1 42 16 38 24; Fax: +33 (0)1 42 16 38 17; Email: charles-edouard.luyt@aphp.fr. ORCID 0000-0001-7424-2705

To the Editor

We would like to thank Jiang for his interest in our paper ¹. We agree with him that univariable analysis is not the perfect way to explore the risk factors associated with the outcome. The use of a multivariable analysis would be more appropriate to obtain a more robust predictive model and to exclude collinear variables in the final model ². His second comment refers to the use of temporal change of Glasgow Outcome Scale –Extended (GOS-E) as an outcome. Again, he suggested using multivariable regression model for identifying patients with potential improvement over time, in order to try to better allocate medical resources.

We can only agree with Jiang's comments and suggestions, since we had the same ideas when exploring our data. However, due to the low number of patients included in the study, we were unable to find a robust model with a good external validity. We therefore decided to keep a more conservative and descriptive approach. We acknowledge this is a limitation of our study. A larger study would be useful to develop robust and appropriate models to explore risk factors associated with outcome, and in particular to find patients with potential improvement over time, those latter being probably the best candidates for rehabilitation programs.

References

1. Peskine A, Cariou A, Hajage D, et al. Long-term disabilities of survivors of out-of-hospital cardiac arrest: the Hanox study. *Chest* 2020;
2. Pineton de Chambrun M, Larcher R, Pène F, et al. In-Hospital Mortality-Associated Factors in Patients With Thrombotic Antiphospholipid Syndrome Requiring ICU Admission. *Chest* 2020;157(5):1158–1166.