



Letters to the Editor

Relationship Between the BODE Index and the EuroQol-5D in Patients Hospitalized With COPD**Relación entre el índice BODE y EuroQol-5D en pacientes con EPOC hospitalizados**

To the Editor:

Health-related quality of life (HRQOL) scales are tools of great interest in chronic obstructive pulmonary disease (COPD). While currently available therapeutic measures do not noticeably improve lung function parameters, they can lead to an improvement of symptoms reflected in patient quality of life. HRQOL scales could therefore be used to justify a particular treatment even in the absence of changes to airflow obstruction.¹ They have also been shown to provide additional information in terms of predicting the risk of death,² hospitalization,³ and use of healthcare resources.⁴

The degree of correlation between the St George's Respiratory Questionnaire (SGRQ)—the most widely used specific HRQOL scale in respiratory diseases—and objective measures is generally low.⁵ Moreover, the time needed to apply the SGRQ makes its use in daily practice difficult.

In the light of these data, we decided to ascertain whether there was a relationship between an easy-to-implement generic scale consisting of 5 dimensions (EuroQol-5D) and the body mass index, airflow obstruction, dyspnea, exercise performance index (BODE), currently the best predictor of COPD. For that purpose, we studied a cohort of 95 patients with a prior diagnosis of COPD admitted to our hospital between October 2006 and April 2007. The BODE index was assessed prior to discharge, and HRQOL was estimated by applying the generic EuroQol-5D. For the BODE, 20% of patients had scores of 3 to 4, 25% of 5 to 6, and 47% of 7 or greater. For HRQOL, the mean (SD) estimated score was 0.63 (0.21) for the tariff values, and 0.474 (0.17) for the visual analogue scale (VAS). On analyzing the correlation

between the EuroQol-5D and the BODE index, we obtained coefficients of -0.449 ($P < .001$) for the tariff value and -0.442 ($P < .001$) for the VAS.

The EuroQol-5D generic instrument correlates well with the BODE index, currently considered the best prognostic indicator in COPD. This finding is not unusual. If we consider that most patients with COPD die of nonrespiratory disease, it is not surprising that a generic HRQOL measure produces good or even better results than a respiratory QOL tool, which is largely used to assess just respiratory symptoms.

It is not our intention to replace the BODE index with the EuroQol-5D, but to point out that this highly applicable tool can be useful in daily practice, particularly as it correlates with the BODE index better than other tools of choice in COPD.

References

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Reflections on the evaluation of diagnostic tests: usefulness of ultrasound guided transbronchial needle aspiration in the diagnosis of mediastinal adenopathy**Algunas consideraciones sobre la evaluación de pruebas diagnósticas: Utilidad de la punción transbronquial guiada con ultrasonografía (USEB) en el diagnóstico de adenopatías mediastínicas**

To the Editor:

We have read the study by Sánchez-Font A et al¹ with great interest. First, we congratulate them for researching diagnostic tests

(DT), as they are unpopular but important studies to create effective treatments.² Secondly, these studies should follow a basic methodology³ that facilitates their external and internal validity, also, to contribute to avoiding the introduction into practice of DT that have been incorrectly evaluated, which could lead to erroneous decision making with adverse consequences.⁴

The authors consider that the punctual estimation of parameters (without confidence intervals of 95%[CI_{95%}]) are valid, which is not correct, as all punctual determinations are subject to random errors, whose magnitude depends on the size of the sample and the dispersion of individual observations, therefore, with DT, not calculating the CI_{95%} and substituting them with the value of p .^{3,5} In fact, if they are calculated (table 1), we observe that as the CI_{95%}