



Letters to the Editor

Reply[☆]

Réplica

To the Editor:

I would like to thank Dr. Miró for the opportunity provided to the authors of the article (although some of those cited in your letter did not participate in our study) to clarify some doubts.

Statistical analysis is described in the methodology. The author of the letter calculates an OR for admission of 0.74 which, as he points out, has a 95% confidence interval from 0.21 to 2.62. This interval is broad and includes the unit, so the OR cannot be considered significant. The multivariate model, the inclusion of variables and the exclusion of those that did not affect the model are all also explained in that section. Older age and a high PaCO₂ value were the only variables independently associated with hospital readmission. Moreover, when the final Rlog model is n-asymptotic (i.e. when quantitative variables are included), assessment of the goodness of fit of the statistical model with the Hosmer–Lemeshow C statistic is recommended. As mentioned in the footnote of Table 3 in our paper,¹ this value was 5.587 ($P=0.693$), indicating that the hypothesis is acceptable.

One conclusion we share is that the issue of COPD exacerbations is still a matter of debate. I agree with the author of the letter on the importance of determining whether a home-based care program reduces the number of visits to the emergency room. In this respect, Hernández et al.,² in a proposal similar to that of the author of the letter, included patients with exacerbations who did not meet criteria for hospitalization. They compared a conventional care program with a home-based care program for a period of eight weeks, and found a similar percentage of mortality and readmission in both groups, but a lower rate of visits to emergency departments. New exacerbation was not included among the outcomes in our study due to the difficulty in measuring this event unequivocally in our setting, and we believe that the endpoint “readmission” best fitted our research model.

As Dr. Miró mentions, the problem of emergency services is well known and common across countries and healthcare systems. In our healthcare area, there is close collaboration with the emergency department, based on a previously agreed protocol.³ It should be emphasized that our study¹ was conducted as part of a care program for COPD patients⁴ that can be applied at any stage of care and may avoid risks in clinical decision-making. Under this program, primary care physicians with on-line access to the hospital report monitor the patient 48 h after discharge. This may have influenced the results and could explain why the home-based intervention did not significantly decrease hospital readmissions compared to conventional care. Our intervention should probably be supplemented with subsequent monitoring, and it would be interesting to continue this study in collaboration with emergency units in order to evaluate the results in a larger sample.

References

1. Jurado Gámez B, Feu Collado N, Jurado García JC, García Gil F, Muñoz Gomariz L, Jiménez Murillo L, et al. Intervención domiciliar y variables predictoras para reingreso hospitalario en la enfermedad pulmonar obstructiva crónica agudizada. *Arch Bronconeumol.* 2013;49:10–4.
2. Hernández A, Casas A, Escarrabill J, Alonso J, Puig-Junoy J, Farrero E, et al. Home hospitalisation of exacerbated chronic obstructive pulmonary disease patients. *Eur Respir J.* 2003;21:58–67.
3. Jurado Gámez B, Torres Murillo JM, Jiménez Murillo L, Berlango Jiménez A, Degayon Rojo H, Muñoz Cabrera L. EPOC descompensada. In: Jiménez Murillo L, Montero Pérez FJ, editors. *Medicina de urgencias. Guía terapéutica.* Barcelona: Elsevier España; 2011. p. 159–62.
4. León Jiménez A, Casas Maldonado F, Espejo Guerrero P, Jurado Gámez B, Madueño Caro A, Marín Sánchez F, et al. *Enfermedad pulmonar obstructiva crónica.* 2nd ed. Sevilla: Consejería de Salud; 2007.

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