Saiphoklang *et al.*'s home mechanical ventilation in a developing country: What else can be done for an improved future program?

Sir,

Home mechanical ventilation (HMV) is required for various medical conditions and has gained popularity mostly in developed countries; developing countries are yet to have such programs. In this aspect, we read the article published in your journal by Saiphoklang *et al.* with great interest.^[1] We thank the author for the exciting topic and their encouraging step; however, some key aspects could be interesting to analyze for the future development of the home-care program.

One of the intriguing aspects of the authors' study is the very high complications and relatively higher mortality within 11 months of the study period. In this study, the presence of tracheostomies in the entire patients and the limited number of patients with HMV were managed with noninvasive ventilation (NIV) option needs attention.^[2,3] This aspect could determine the high mortality of patients and can even affect the cost. We believe that this aspect should be taken into account when extrapolating the results. Moreover, it is to be noted that the combined used of NIV and cough-assisted devices has reduced the need for tracheostomy ventilation in many neurologic conditions and has also prolonged the survival.^[4]

Another critical aspect which can impact the outcome and needs consideration is the hospital readmissions. The authors have clearly shown the low number of a health-care home visit in the patients who expired; however, it is not determined if these patients had a lower rate of consultations or hospital readmission after the use of HMV. A recent study even showed that adding home NIV in patients with persistent hypercapnia following an acute exacerbation of chronic obstructive pulmonary disease decreases hospital readmission and 1-year mortality.^[5]

Similarly, the details of the criteria to establish the HMV are not appropriately defined in the cohort. If it was not in place, it could be included in such a program in the future. Future studies from developing countries with more numbers of patients on HMV with different ventilatory management strategies will help us in the development of such a program.

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