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Letter to the Editor

Reply to a letter to the editor written by Phansalkar et al, regarding publication entitled "Do we need a simplified model to predict outcomes in patients hospitalized with Acute Decompensated Heart Failure? Results from The Role of Sodium in Heart Failure Outcomes Prediction ('SHOUT-PREDICTION') study. Indian Heart J. 2021;73(4):458—463. doi:10.1016/j.ihj.2021.06.007"

A B S T R A C T

This is the Reply to a letter to the Editor written by Phansalkar et al, regarding publication entitled "Do we need a simplified model to predict outcomes in patients hospitalized with Acute Decompensated Heart Failure? Results from The Role of Sodium in Heart Failure Outcomes Prediction ('SHOUT-PRE-DICTION') study. Indian Heart J. 2021; 73(4):458—463. doi: 10.1016/j.ihj.2021.06.007"

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We appreciate the insightful comments made by Phansalkar et al with regard to our article, "Do we need a simplified model to predict outcomes in patients hospitalized with Acute Decompensated Heart Failure? Results from the role of Sodium on heart failure outcomes prediction study (SHOUT-PREDICTION STUDY)" and the opportunity to respond to their concerns.

The first two concerns were the validation of the SXS model and sample size. This has been already mentioned in the original manuscript as the limitation of this study.[1] However, use of this SXS score model in a different data set will be useful for its validation. Another concern was related to the serum urea and serum creatinine, which were non-significant predictors in this study, as this population subset may differ from other studies, moreover in another large study (GWTG-HF data), serum creatinine was not amongst independent predictors of in-hospital death unlike serum sodium and systolic blood pressure.[2] Lastly, the concern related to the exclusion of ACS and acute exacerbation of COPD patients from this study was raised. Outcomes in patients with ACS depends on several other factors and therefore patients with ACS and myocardial infarction (<3 months) were excluded.[3] Similarly, outcomes in patients admitted with acute exacerbation of COPD may differ due to the severity of respiratory disease itself.[4] Moreover, COPD is an independent predictor of mortality in various HF registries.[5]

In summary, we believe that SXS score is a simple tool to risk stratify the patients with ADHF. However, a well-designed study on a HF population with a larger sample size can better reveal the prognostic efficacy of the SXS score.

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Declaration of competing interest

None.

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