This letter was shown to the authors, one of whom replies on behalf of his co-authors as follows:

Sir,—The observation by Sanderson and Tomlinson of reduced heart rate variability during treatment with a thiazide diuretic raises the interesting possibility of altered cardiac autonomic tone as a potential mechanism for the increased risk of sudden death associated with this treatment. Unfortunately this suggestion is neither supported nor refuted by our study. Most of our subjects were receiving a combination of antihypertensive drugs (mean 2.5). The inclusion of a diuretic with the regimen did not influence indices of heart rate variability (SD of all NN intervals over 24 h; triangular index; and SD of the mean NN interval for all 5 min segments of a 24 h recording), whether analysed as any diuretic drug (n = 54) or, more specifically, as a thiazide preparation (n = 32 of 82) (heart rate variability corrected for RR interval). Similarly, neither calcium antagonist (n = 10) nor angiotensin converting enzyme inhibitors (n = 21) affected time heart rate variability in these subjects with left ventricular hypertrophy. During prospective follow up of this cohort over 9·3 years, all cause mortality was reduced by β blocker treatment but was unaffected by diuretic treatment (unpublished).

DAVID R WALLBRIDGE
Department of Cardiology,
Universitätsklinikum Essen,
Hoflandstrasse 55,
45122 Essen, Germany


There are other systems available, one of which (from New York) recently gained considerable publicity for the claims made for it and the criticism it has received.10 This system and the Parsonnet system both contain subjective elements, which in the Parsonnet system are not good explainers of outcome but can be used subjectively to increase the score a patient achieves.

The Parsonnet and New York state data sets confine their outcome analysis to death in hospital, but there are more valuable measures of the process undertaken in different centres. Length of ITU stay (included in the ACTA system), length of hospital stay, and the costs estimated in hospital cost are also important outcomes that can be estimated before cardiac surgery and are valuable both to the patient and to the centre undertaking the surgery.

The data becoming available from this type of observational study are increasingly valuable in addressing the planning needs of healthcare purchasers worldwide. Conclusions drawn from such observational studies with casemix adjustment have been recognised as being as valuable as randomised controlled trials. Acceptance of a proven inferior system would considerably retard the laudable objectives of Professor Treasure and others.

S N C BOLISIN
A M S BLACK
A J BRYAN
C J E DAY
Directorate of Anaesthetics,
Bristol Royal Infirmary,
Bristol BS2 BW

2 Bohn SN, Bryan AJ. Last word... Focus on Outcome Analysis 1995:19–20.

Percutaneous balloon dilatation of the mitral valve in critically ill young patients with intractable heart failure

Sir,—Patek and colleagues demonstrated the important role of emergency percutaneous
Heart rate variability in left ventricular hypertrophy

John E Sanderson, Brian Tomlinson and David R Wallbridge

Br Heart J 1995 74: 702
doi: 10.1136/hrt.74.6.702

Updated information and services can be found at:
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