Letter to Editor in Response to Article "Estimation of Predictors of Mortality in Patients with Acute Respiratory Failure Secondary to Chronic Obstructive Pulmonary Disease Admitted in Tertiary Care Center"
J Assoc Physicians India 2025;73(2):35–38

Madhusudan Barthwal[1],
Sachinkumar S Dole[2]

[1]Professor and Head; [2]Professor, Department of Respiratory Medicine, Dr. D. Y. Patil Medical College, Hospital & Research Centre, Pune, Maharashtra, India

We read with interest an article titled "Estimation of Predictors of Mortality in Patients with Acute Respiratory Failure Secondary to Chronic Obstructive Pulmonary Disease Admitted in Tertiary Care Center" published in the Journal of the Association of Physicians of India.[1] We have the following comments to offer:

• The title of the study suggests patients with acute respiratory failure secondary to chronic obstructive pulmonary disease (COPD). The authors have included patients with COPD exacerbations within 72 hours and patients with an established diagnosis of COPD with respiratory failure (type I/II). First, COPD exacerbations leading to acute respiratory failure are mostly severe exacerbations of duration <14 days as per the GOLD (Global Initiative for Chronic Obstructive Lung Disease) guidelines.[2] However, the same has not been defined in the methodology. Second, in COPD, there is always type II respiratory failure, and these patients require admission to the hospital when presenting with acute-on-chronic respiratory failure. The authors have not clarified the above point in the methodology.

• In the methodology, the authors mentioned that COPD without respiratory failure was not included in the study, while in the limitations of the study it was mentioned that stable COPD patients were taken as controls. These statements are contradictory and need elaboration.

• The predictors such as C-reactive protein (CRP), D-dimer, and hypoalbuminemia used in the present study for predicting mortality in patients with acute respiratory failure have already been well proven in various recent studies[3–5] including those mentioned by the authors in the discussion. The novelty in the present study needs to be elaborated by the authors.

ORCID

Madhusudan Barthwal https://orcid.org/0000-0001-8069-6084
Sachinkumar S Dole https://orcid.org/0000-0002-1805-1725

REFERENCES

1. Jain H, Chejara RS, Agarwal M, et al. Estimation of predictors of mortality in patients with acute respiratory failure secondary to chronic obstructive pulmonary disease admitted in tertiary care center. J Assoc Physicians India 2025;73(2):35–38.
2. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease (2024 Report). Available from https://goldcopd.org/2024-gold-report/
3. Akbaş T, Güneş H. Characteristics and outcomes of patients with chronic obstructive pulmonary disease admitted to the intensive care unit due to acute hypercapnic respiratory failure. Acute Crit Care 2023;38(1):49–56.
4. Shen S, Xiao Y. Association between C-reactive protein and albumin ratios and risk of mortality in patients with chronic obstructive pulmonary disease. Int J Chronic Obstruct Pulmon Dis 2023 31:2289–2303.
5. Han H, Hu S, Du J. Predictive value of the hemoglobin–albumin–lymphocyte–platelet (HALP) index for ICU mortality in patients with acute exacerbations of chronic obstructive pulmonary disease (AECOPD). Intern Emerg Med 2023;18:85–96.