



# Reply: External validation of the OPALS prediction model for in-hospital mortality in patients with acute decompensated pulmonary hypertension

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## From the authors:

We were very interested to read the correspondence by M.V.F. Garcia and colleagues [1]. They have assessed our previously proposed predictive score for outcomes in medically decompensated pulmonary hypertension (PH) patients: the OPALS score (oxygen (oxygen saturation measured by pulse oximetry/inspiratory oxygen fraction ratio  $\leq 185$ ), platelets  $\leq 196 \times 10^9 \text{ L}^{-1}$ , age  $\geq 37.5$  years, lactate  $\geq 2.45 \text{ mmol} \cdot \text{L}^{-1}$  and sodium  $\leq 130.5 \text{ mmol} \cdot \text{L}^{-1}$ ) in 74 PH patients. Discriminatory power was very similar to that observed in our derivation cohort (c-statistic of 0.77 versus 0.78) [2]. Furthermore, there was exceedingly high calibration between predicted and observed mortality in their validation cohort ( $R^2=0.97$ ). The OPALS score therefore appears to be a promising PH-specific tool for predicting outcomes in medically decompensated patients. Further work is, however, needed to compare its accuracy and utility compared with other intensive care unit (ICU) scoring systems and PH risk-stratification tools, and to assess its responsiveness to changing clinical severity during patients' ICU admission.

## Shareable abstract (@ERSpublications)

The OPALS score appears to be a promising PH-specific tool for predicting outcomes in medically decompensated patients <https://bit.ly/3rTxzbr>

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## References

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- 2 Bauchmuller K, Condliffe R, Southern J, *et al.* Critical care outcomes in patients with pre-existing pulmonary hypertension: insights from the ASPIRE registry. *ERJ Open Res* 2021; 7: 00046-2021.