Early View

Correspondence

Comment on “External validation of the OPALS prediction model for in-hospital mortality in patients with acute decompensated pulmonary hypertension”

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To the Editor

We were very interested to read “External validation of the OPALS prediction model for in-hospital mortality in patients with acute decompensated pulmonary hypertension” by MVF 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 (SpO₂/FiO₂) ≤185; platelets ≤196×10⁹·L⁻¹; age ≥37.5 years; lactate ≥2.45 mmol·L⁻¹; sodium ≤130.5 mmol·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 (R²=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 ICU scoring systems and PH risk-stratification tools, and to assess its responsiveness to changing clinical severity during patients’ ICU admission.

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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.