

REPLY

Reply to comment on: Improving trauma care in rural Iran by training existing treatment chains

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Dear Editor

We thank Hans Husum for his interest for our article¹. The correlation between Injury Severity Score (ISS) and Physiological Severity Score (PSS) was calculated as Spearman's rho, because the ISS is a discontinuous variable. Spearman's rho was $\div 0.401$, $p < 0.0005$. This indicates that when the anatomical injury severity increases the physiological derangement is increased, which should be of no surprise.

We agree that the PSS² is an approximation for the Revised Trauma Score (RTS)³. Indeed, the PSS has severe drawbacks because it employs cut-off values for blood pressure and respiratory frequency that are different from the original PTS. Despite this, the PSS was able to predict mortality to a certain degree. The area under the curve when constructing a receiver operating curve for PSS as test variable and death as

outcome and excluding victims found dead was calculated to be 0.615 with 95% CI 0.48 to 0.78. This indicates moderate predictive value of the PSS.

We agree that a simple diagnostic index is easier to use compared with a more complex index; however, we wonder why the simplification did include not only the assessment of mental status but also the application of different cut-off values as compared with the original scale, which will inevitably confound comparisons. We did, however, decide to apply the PSS to our data to allow meaningful comparisons with the findings from similar training programs in the region⁴.

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