Beyond NIPPV: HVNI Expands Potential Treatment Options For Acute Decompensated Heart Failure

Thank you for this observation. Patients were chosen for the inclusion of this trial because the treating physician felt that escalation to NIPPV would be the clinically appropriate next step in the patient’s care. As to the safety and efficacy in heart failure, an important exclusion criterion in the study was known or suspected myocardial infarction, to avoid the requirement for a subjective ‘crossover’ of therapy - leaving a definitive intubation as the endpoint. The study truncated the duration for the primary outcome measurement (particularly intubation) at 72 h, reasoning that beyond 72 h such an outcome became more difficult to ascribe wholly to the acute therapy applied on admission - particularly in these complex patients. Further, neither the original study nor the subgroup analysis was powered to evaluate long-term mortality endpoints. These data could help inform the design of such a subsequent study in the adult ADHF patient population presenting in the ED.

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