Correspondence

Validation of the MDRF-IDRS through Boloor Diabetes Study

Sir,

I would like to make a comment on the discussion of Validation of the MDRF-India Diabetes Risk Score (IDRS) Boloor Diabetes Study (BDS) by Prabha Adhikari et al published in the July Issue of JAPI 2010. While discussing the merits and demerits of the Indian diabetes risk scores, it is mentioned that using the BMI in the risk score is a disadvantage as measurements of height and weight need a stadiometer and a weighing scale. It is also written that multiple errors can occur in the measurements and in the calculation of the BMI. Measurements of height and weight are made in any clinic/hospital and doctors office and are the easiest of anthropometric measurements. Minor errors do not cause significant differences in calculation of BMI. Multiple errors are unlikely to occur in these measurements, unlike in the case of the waist measurement which requires good training. The Waist measurement is used in both scores. Moreover, the score used by them relies on three categories of physical activity. It is well known that assessment of physical activity by questionnaire is difficult and can have maximum errors. Our scoring system used only 2 categories of physical activity and relied on BMI, which is easier to measure and has less error. Indian Diabetes Risk Score developed by us has already been proved very reliable and robust by applying in other cohorts. Therefore we feel the comments made by them on our score are unwarranted.

A Ramachandran
President, India Diabetes Research Foundation and Chairman and Managing Director, Dr. A. Ramachandran’s Diabetes Hospital, Chennai 600008.

Reply from Author

Sir,

In response to comments by Dr. A. Ramachandran on our article “Validation of the MDRF-IDRS through Boloor Diabetes Study”. We would like to clarify the following points. When we discussed about measurement of height and weight, we referred to the epidemiological setting where we did house to house survey, where use of stadiometer was difficult and well calibrated weighing scales used to get disturbed during travel from house to house. For self calculation of risk score, self measurement of waist circumference is feasible, but self measurement of height and weight is difficult. I fully agree with Dr. Ramachandran et al MDRF IDRS is equally reliable, however calculation is difficult since scores are not uniform, while MDRF IDRS uses multiple of tens and hence easier to calculate.

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**Recommendations for Fibrinolysis**

- Patients admitted to a non-PCI centre should immediately receive fibrinolysis and then be transferred to a PCI-capable centre where angiography and PCI should be performed in a time window of 3-24 h.¹

- STEMI patients presenting to a hospital without PCI capability and who cannot be transferred to a PCI center and undergo PCI within 90 minutes of first medical contact should be treated with Fibrinolytic therapy within 30 minutes of hospital presentation as a systems goal unless Fibrinolytic therapy is contraindicated. (Class 1B)²

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