Duel of Emergency Scoring Systems in COVID-19 Patients

To the Editor:

We have read with interest the recent article, "Comparing Rapid Scoring Systems in Mortality Prediction of Critically Ill Patients With Novel Coronavirus Disease" by Hu et al.[1] Although there are many studies about the critical patients in the hospital with the diagnosis of COVID-19, we think that this scoring evaluation is very important especially at the bedside since there are no studies evaluating the scores in the emergency department (ED). REMS has come to the fore among the scoring performed to evaluate critical patients to recognize the patients at high risk in the ED quickly and to prevent mortality.[2]

In the study of Hu et al., evaluations regarding Rapid Emergency Medicine Score (REMS) and Modified Early Warning Score (MEWS) were made, and it was stated that REMS diagnostic success was higher. However, as seen in the results, the mean age in the nonsurvivor group was 75.05 ± 12.94, while it was 57.71 ± 15.34 in the survivor group. In REMS, between the ages of 55 and 64 are given 3 points, while patients older than 74 are given 6 points. The REMS was thought to be higher due to the age difference between survivor patients and nonsurvivor patients. In terms of comparison of these two scores, we believe that evaluation would be more accurate in similar age groups.

In the study, it was stated that the prognostic values of the scoring systems were not analyzed among the patient subgroups of different ages due to the limited sample size; it was a single-center study and selective bias was performed in COVID-19 patients.[1] However, when subgroup analyses were evaluated, we could not reach the information of how many patients under 65 were in the nonsurvivor group. For this reason, we need additional explanation regarding the statistically significant evaluation in patients less than 65 years of age.

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