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The Netherlands

Risk stratification in emergency medicine: towards improved age and sex adjusted risk assessment
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Citation

Candel, B. G. J. (2024, March 14). *Risk stratification in emergency medicine: towards improved age and sex adjusted risk assessment*. Retrieved from <https://hdl.handle.net/1887/3721827>

Version: Publisher's Version

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Note: To cite this publication please use the final published version (if applicable).

Risk stratification in Emergency Medicine - Towards improved age and sex adjusted risk assessment.

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1. The interpretation of physiological variables in acutely ill patients changes with increasing age. Age is therefore an important factor to consider in risk assessment based on physiological variables. (This thesis)
2. Blood pressure may seem normal in the Emergency Department in patients with a history of hypertension, but relative hypotension may exist affecting outcomes. (This thesis)
3. Men have higher risks for adverse events than women at presentation to the Emergency Department with almost all presenting complaints. (This thesis)
4. An age- and sex-adjusted early warning score (the IEWS) performs better than an existing and widely adopted score (the NEWS) and may contribute to better decision policies in the acute care, especially for older patients. (This thesis)
5. Geriatric patients are not just older adults.
6. Early warning scores can be compared with power meters in professional cycling. They were never designed to replace the subjective feelings on the bike, but rather to use in conjunction with these feelings to get the best result from all training effort. In the same way, early warning scores are designed to support clinical judgement or allow for a delay in judgement in case of a low risk.
7. If the Emergency bell rings too often, it becomes just another ticking clock causing alarm fatigue.
8. Centralization of acute care should be based on data and patient centred outcomes. Without data, you're just another person with an opinion.
9. The best way to treat missing data is not to have them.
10. Predicting the future based on data from the past always deserves scrutiny. As Daniel Kahneman describes, the illusion that we understand the past fosters overconfidence in our ability to predict the future.