June 8, 2025

Death by Regression

I got the idea for this whimsical manuscript when a colleague on a promotions committee complained about the sloppy punctuation in an candidate's cv. I had another colleague who was very interested in words and books; in an earlier life, she had been an editor at a NYC publishing company. So I shared my "A clear and present danger is not being picked up by our modern surveillance systems" idea with her and asked her to collaborate on it.^[1]

The BMJ declined to use it in their Christmas edition; so did the CMAJ, who thought we were making up the story – to avoid embarrassing authors, we had not supplied the many (real) references we had based our story on.

I think I did ask, some years later, whether the magazine Significance might be interested, but I can't find email evidence that I did, or if I did, whether I ever got a reply. So the trail ends with an undated manuscript, and with a file that has a search, updated in 2005, for mentions of death by regression.

In what follows, I share the surviving versions. Even though I have a vague memory of having written a first version, many of the ideas and most of the writing in the earliest version I can still find are very clearly Abby's.

If you would like to take this further, and revitalize it, I would be delighted to hear from you!

Sincerely,

James Hanley

webpage: https://jhanley.biostat.mcgill.ca

email: james.hanley@mcgill.ca

 $^1\mathrm{We}$ had already collaborated on two earlier items.

Hanley JA, Lippman-Hand A.

If nothing goes wrong, is everything all right? Interpreting zero numerators. JAMA. 1983 Apr 1;249(13):1743-5

Hanley JA, Lippman A.

Where do you stand? Notions of a statistical 'centre'. Teaching Statistics. Vol 22, No. 2, Summer 1999.

NOTE (added by JH, 2025): This feedback was provided by another valued colleague — the very thoughtful 'editor' Dr Barry Pless ... see under "Interviews" at https://jhanley.biostat.mcgill.ca/Reprints/ DEATH BY REGRESSION Version of 25 August 2009 I like it very much. The only general comments I have are: 1. it feels a bit on the long side 2. I am never sure when you have genuine references or whether you are making it up 3. there are places where the 'argument' is a bit dense and might be simplified. Good on you both!! (as the Aussies say) In 1854, the leading cause of death in England was "consumption,". A further 7 of the top 10 causes were also infectious diseases (pneumonia, cholera, bronchitis, diarrhea, scarlatina, typhus, whooping cough). The remaining 2 big killers were convulsions and heart disease (Farr, Deleted: ; t reprinted in Roman pdf file "Epidemiology 1: Overview, www.egu.york.ac.uk also, http://biology.bard.edu/ferguson/course/bio112/Lectures & Old Exams/Figures for Lecture 01. pdf) The picture in the USA in 1900 was fairly similar: infectious diseases dominated the top 10 causes of death, but heart disease, stroke, unintentional injuries, and cancer also took large tolls. Over the century, major changes in the causes of death almost resulted in the disappearance of Deleted: almost infectious diseases (only pneumonia and influenza remained in the top 10) and mortality Deleted: as 5th of attributed to heart disease, cancer, stroke, lung diseases, unintentional injuries, diabetes, suicide, Deleted: and kidney and liver diseases completed the list (get full ref; copied here from someone). Lurking hidden in these official statistics, however, we seem to have identified another heretofore uncategorized killer: "Death by Regression." We first became aware of this cause of death when skimming the biomedical literature to find articles for students in our graduate courses. The term "death by regression" kept appearing and Deleted: locate so we decided to do a more rigorous literature search to learn more about this ubiquitous cause Deleted: to assign of mortality. Applying the most powerful techniques at our disposal, we carried out a Google search for articles that met our stringent inclusion criteria i.e., somewhere including the 3-word Deleted: of sequence. JIM: HERE'S WHERE WE COULD PUT IN THE MeSH OR OTHER TERM(S) YOU USED To avoid bias, we excluded nothing a priori. For comparative purposes, we also carried out a Google search using only the two-word sequence "death by" within the category of "mystery titles." (This was to help us to understand if what was happening in the biomedical world had a fictional, even societal, counterpart.) RESULTS The term 'regression' was first created by Galton in the late 1800s only to explain why the sons Deleted: only of tall fathers were, on average, shorter than their sires. As a tool of death, regression appears to have a more obscure history; despite our rigorous and extensive unstructured review of the literature, we have been unable to find the first person to have applied this tool with homicidal intenti, (And, of course, we exclude here its analytic use in the service of eugenics.) Because of Deleted: on space limitations, readers will have to accept our claim about the many papers in which "death by regression" is found; however, we will provide an abbreviated list of cases for those who are Commented [b1]: Too many semi colons. New sentence? interested in the details. We found "death by regression" in the biomedical literature dating back many decades where it Formatted: Highlight was applied in multiple situations. For example, we found death by regression among those who had experienced such things as trauma, surgery, heart disease and stroke, infectious diseases (including SARS and AIDS), hypothermia, and carcinoma, to mention a few. These very different Commented [b2]: This is genuinely confusing

deaths, which we can refer to as "outcomes," initially led to some difficulty in recognizing that it was the application of "regression" that they had in common. Perhaps this lack of recognition is why this "causal agent" does not appear in any Cochrane or other data bank. However, our ability to detect "death by regression" DOES show the great epidemiologic power of the internet to document cases: in the no-Google past, this cause of mortality could have reached pandemic proportions before ever being noticed.

It is striking that so many authors writing in a broad range of journals have all applied regression as a lethal tool. More understandable would be death following injuries sustained by a crash with a computer in the older literature where desktops and even some laptops were weightier than current models. Also more understandable would be death from drowning in the numbers of variables entered into these computers or even the multiple printouts of incomprehensible results. But "death by regression" itself does stand apart.

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This led us to consider the results of our Google search for regression among mystery titles: perhaps epidemiologists were merely reflecting a broader societal phenomenon in what was some previously undescribed "actors' network" (ref Latour and Cambrosio??). This hypothesis could not be supported, however: we did not find any references to "death by regression" – but there were some most interesting related "weapons," including "death by "trial and error;" "...by exposure;" "...by inferior design;" and "...by proxy." This suggests the possibility of a new genre for study by graduate students in literature, one we tentatively label "Death by Design."

DISCUSSION

Regression is like a Swiss Army knife: practical to use; able to assist with <u>several tasks; but lethal</u> when employed without care. Fortunately, and unlike deaths resulting from the application of standard tools (guns, knives, bombs, sharp blows, etc.), and even many of those that follow infections or human diseases, those attributed to regression are quite easily prevented Importantly, their prevention is unlikely to raise the wrath of lobbying groups that pay politicians heavily to sustain lucrative arms and pharmaceutical industries.

For the rapid removal of "death by regression," a regrettable source of premature mortality – and to lower the risk of reader hypertension brought on when the term appears inappropriately in an article -- we urge writer's to be precise and to revise and edit all manuscript drafts before submitting them for publication. If a death said to be "by regression" actually has an easily identifiable distal cause (e.g., cancer, stroke), as did almost all of the articles we located, then some simple punctuation or rearrangement of text can clarify matters. The strengths of

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http://www.google.ca/search?hl=en&q=mystery+titles%2C+%22death+by%22&btnG=Search& meta= DEATH BY REGRESSION Version of 12 September 2009

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Internationally accepted classification systems began to be adopted in the 1800s. <u>These</u> document the striking transition from death by infectious diseases then to (mostly) chronic disease today. But within these official statistics, which focused on the top 10 or top 50, we seem to have identified a heretofore uncategorized killer of some frequency: "Death by Regression."

Our attention was <u>first drawn</u> to this cause of death when we <u>recently</u> came across a 2002 report on over 400 patients with a particular diagnosis, admitted between July 1992 and June 1995 to one of seventeen acute-care hospitals in four Canadian cities. "Death from regression" occurred in 52 (13%). When an informal survey uncovered a few more reports of <u>similar deaths</u>, we decided to investigate this cause of mortality more carefully.

METHODS/RESULTS

Applying the most powerful techniques at our disposal, we carried out a Google search for articles that met our stringent inclusion criteria of somewhere including the 4-word sequences "death by * regression" and "death from * regression", To avoid bias, we excluded nothing a priori.

The term regression was only first created by Francis Galton in the late 1800s to describe the phenomenon that "when parents are taller than mediocrity, their offspring tend to be shorter than they<u>r</u> (<u>REF NEEDED FOR TGE QUOTE</u>) As a tool of death, <u>however</u>, regression appears to have a more obscure history, <u>one that is difficult to trace</u>: <u>because Google's reach seldom</u> extends back past the year 10 BC (<u>"before computer"</u>; 1975 AD), we cannot <u>identify the first time</u> this tool was applied with homicidal intention. (And of course, we exclude here its analytic use in the service of eugenics.) <u>Nevertheless</u>, we did find more than 30 reports in the <u>literature</u> <u>between</u> 1985 and 2009, that described death by/from regression. These <u>are all peer reviewed</u> articles <u>published</u> in journals indexed in PubMed, and the deaths by regression are found among the <u>several hundred deaths these reports present</u>. (<u>A full list of articles</u> is available from the authors).

In this biomedical literature, "death by regression" was applied in multiple situations. For example, we found it among those who had experienced such things as trauma, surgery, heart disease and stroke, infectious diseases (including SARS and AIDS), hypothermia, and carcinoma, to mention a few. These very different deaths, which we can refer to as "outcomes," initially made it difficult for us to recognize, that the application of "regression" was common to all of them. Perhaps this difficulty in recognizing this shared feature explains the absence of this "causal agent" in any Cochrane or other data bank. Perhaps, too, it underlines the need to use non-traditional searches in future biomedical research: certainly, our ability to detect "death by regression" DOES show the great epidemiologic power of the Internet to document cases. In the no-Google past, this cause of mortality could have reached pandemic proportions before ever being noticed.

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Regression is like a Swiss Army knife: practical to use; able to assist with multiple tasks; lethal when employed without care. Fortunately, and unlike deaths resulting from the application of standard tools (guns, knives, bombs, sharp blows, etc.) and even <u>deaths</u> that follow infections or human diseases, those attributed to regression are quite easily prevented. Importantly, their prevention is unlikely to raise the wrath of lobbying groups that pay politicians heavily to sustain lucrative arms and pharmaceutical industries and so can be initiated without repercussions.

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Death by Regression

Offered to Significance Magazine

James A. Hanley¹ and Abby Lippman

The authors are professors in the

Department of Epidemiology, Biostatistics, and Occupational Health 1020 Pine Avenue West McGill University Montréal, Québec, H3A 1A2 Canada

¹Email: james.hanley@mcgill.ca

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From the 16th century onwards, the weekly and yearly Bills of Mortality for the city of London were widely used by health authorities and private citizens to warn of impending epidemics. Causes of death noted on the free-form returns were classified and tabulated using a limited number of alphabetically arranged categories. The latter included the grab-bag grouping, "Other," and emerging diseases/killers filed in this category may have gone un-noticed for many years.

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obscure history, one that is difficult to trace: because Google's reach seldom extends back past the year 10 BC ("before computers," or 1975 AD), we cannot identify the first time this tool was applied with homicidal intention. (And of course, we exclude here its analytic use in the service of eugenics.) Nevertheless, we did find more than 30 reports in the literature between 1985 and 2009 that described death by/from regression. These are all peer reviewed articles published in journals indexed in PubMed, and the deaths by regression are found among the several hundred deaths these reports present. (A full list of articles is available from the authors).

In this biomedical literature, "death by regression" was applied in multiple situations. For example, we found it among those who had experienced such things as trauma, surgery, heart disease and stroke, infectious diseases (including SARS and AIDS), hypothermia, and carcinoma, to mention a few. These very different deaths, which we can refer to as "outcomes," initially made it difficult for us to recognize that the application of "regression" was common to all of them. Perhaps this difficulty in recognizing this shared feature explains the absence of this "causal agent" in any Cochrane or other data bank. Perhaps, too, it underlines the need to use non-traditional searches in future biomedical research: certainly, our ability to detect "death by regression" DOES show the great epidemiologic power of the Internet to document cases. In the no-Google past, this cause of mortality could have reached pandemic proportions before ever being noticed.

It is striking that so many authors writing in a broad range of journals have all applied regression as a lethal tool. More understandable would be death following injuries sustained by a crash with a computer, especially in the older literature where desktops and even some laptops were weightier than current models. Similarly understandable would be suicides or homicides when those who choose to compute dangerously encounter the "blue screen of death," as well as death from "drowning" in either the numbers of variables entered into these computers or the multiple printouts of incomprehensible results. But "death by regression" by itself does stand apart.

We considered the possibility that "regression" was being used in a metaphorical sense and that the authors really were referring to death caused by some object with linear characteristics: a rope, for example? But this hypothesis could not be sustained when we also found sub-genres where regression is itself conditional. For example, in the first report encountered, the title of the main table is "Estimates of association of patient characteristics with Death from Multivariate Logistic Regression"; other reports describe Death by Multiple Regression, Death by Multiple Logistic Regression, and one that comes with the perpetrator's name attached: Death by Cox Regression. Furthermore, "regression" is a complex -- if not confusing – weapon: sometimes it was even used in ways contrary to its application as an instrument of death. Thus, we also found references to "*Survival* with logistic regression," "*Recovery* using regression," and even "*Delivery* after (or using) regression."

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<u>Acknowledgement</u>: We thank our colleague Barry Pless for his comments and encouragement.

Conflicts: With each other regarding punctuation; otherwise none.

References

1 Galton F. (1986). Regression towards mediocrity in hereditary stature. *Journal of the Anthropological Institute* 1886; 15:246-63.

2 Truss L. *Eats, Shoots & Leaves: The Zero Tolerance Approach to Punctuation.* London: Profile Books, 2003.

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Submitted on 18 September 2009 For <u>Christmas Edition</u> of BMJ

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All authors declare that the answer to the questions on the competing interest form are all No and therefore have nothing to declare.

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Non-Fiction stranger than Fiction?

Readers of mystery stories and detective novels have become used to discovering unusual causes of death as they turn the pages of the latest whodunit. In fact, those with a bent for comparative literature studies may be tempted to sort titles according to the weapon used by the homicidal protagonist thereby making the "how" of even more interest than the "who."

To determine, therefore, if epidemiologists were merely participants in a new actors' network and if their application of regression as a tool of death simply reflected a broader societal phenomenon, we carried out a Google search for regression among mystery titles (data available on request to the authors). This was to no avail, however: we did not find any references to "death by regression." By contrast, and perhaps as an early signal of a nascent literary genre that *may* be of interest to future epidemiologists – and graduate students in literature -- we did find some most interesting related "weapons," including death "by trial and error"; "...by exposure;" "...by inferior design;" and "...by proxy." It will be of interest to track this new genre, one we tentatively label "Death by Design."

DISCUSSION

Regression is like a Swiss Army knife: practical to use; able to assist with multiple tasks; lethal when employed without care. Fortunately, and unlike deaths resulting from the application of standard tools (guns, knives, bombs, sharp blows, etc.) and even deaths that follow infections or human diseases, those attributed to regression are quite easily prevented. Importantly, their prevention is unlikely to raise the wrath of lobbying groups that pay politicians heavily to sustain lucrative arms and pharmaceutical industries and so can be initiated without repercussions.

For the rapid removal of "death by regression," a regrettable source of premature mortality – and to lower the risk of reader hypertension brought on when the term appears inappropriately in an article -- we urge authors to be precise and to revise and edit all manuscript drafts before submitting them for publication. If a death said to be "by regression" actually has an easily identifiable distal cause (e.g., cancer, stroke), as did almost all of the articles we located, then some simple rearrangement of text, or the judicious addition of commas (perhaps borrowed from the panda²) can clarify matters. The strengths of regression as an analytic are many, and the tool can best be fully appreciated when it is not itself characterized as a causal agent. [Word Count: 1203]

<u>Acknowledgement</u>: We thank our colleague Barry Pless for his comments and encouragement.

<u>Conflicts</u>: With each other regarding punctuation; otherwise none.

References

1 Galton F. (1986). Regression towards mediocrity in hereditary stature. *Journal of the Anthropological Institute* 1886; 15:246-63.

2 Truss L. *Eats, Shoots & Leaves: The Zero Tolerance Approach to Punctuation.* London: Profile Books, 2003.

http://www.google.ca/search?hl=en&q=mystery+titles%2C+%22death+by%22&btnG=S earch&meta=

Reports containing mention of Death by Regression Up until 2005

Excerpts are as is, extracted from original electronic articles (incl. Adobe .pdf format). PubMed abstracts, Google returns, etc

1 In the article **CLINICAL PRACTICE GUIDELINE: ENDPOINTS OF RESUSCITATION**, Tisherman reviews a number of studies, including Maynard, N 1993 "Assessment of splanchnic oxygenation by gastric tonometry in patients with acute circulatory, failure. JAMA 270:1203-10." and tells us that

"Although a variety of resuscitation endpoints correlated with surviving critical illness, only pHi at 24h proved an independent predictor of *death by logistic regression*"

2 Title (VERBATTIM) of Table 1 in another article.. (Greenaway et al AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE VOL 165 2002 page 929)

"ADJUSTED ESTIMATES OF ASSOCIATION OF PATIENT CHARACTERISTICS WITH INITIALLY MISSED DIAGNOSIS, DELAYED TREATMENT, AND **DEATH FROM MULTIVARIATE LOGISTIC REGRESSION**

Pediatric Critical Care Medicine - Fulltext: Volume 6(1) January sepsis definition, presence of meningitis, CK-MB, cTnI) was studied in the outcome (hospital discharge/**death**) **by logistic regression**, and statistically ... www.pccmjournal.com/pt/re/pccm/fulltext.00130478-200501000-00120. htm;jsessionid=FVzR0MyKn4hKLHP3k99tsMyJc... - Similar pages

The Journal of Trauma: Injury, Infection, and Critical Care this was not statistically significant by chisquared analysis, nor was pneumonia an independent predictor of **death by logistic regression**. ... www.jtrauma.com/pt/re/jtrauma/ fulltext.00005373-199601000-00016.htm - Similar pages

J Am Coll Cardiol, 2005; 45:111-122, doi:10.1016/j.jacc.2004.11.014 © 2005 by the American College of This Article Figures Only Full Text (PDF) Alert me when this article is Cardiology Foundation cited Alert me if a correction is posted Services Email this article to a friend Similar articles in this Similar articles in ISI Web of Science Similar articles in PubMed journal Alert me to new issues of the **Download to citation manager** Cited by other online articles iournal Search for citing articles in: ISI Web of Science (6) Google Scholar Articles by Rahimtoola, S. H. Articles citing this Article Search for Related Content PubMed PubMed Citation Articles by Rahimtoola, S. H. YEAR IN CARDIOLOGY SERIES The year in valvular heart disease Shahbudin H. Rahimtoola, MB, FRCP, MACP, MACC, DSc(Hon)* Division of Cardiovascular Medicine, Department of Medicine, LAC+USC Medical Center, Keck School of Medicine at the University of Southern California, Los Angeles,

Early clinical predictors of in-hospital death. In 267 consecutive patients, the in-hospital mortality was 20%. Eighty-two percent of patients had native valve IE. Independent predictors of death by logistic regression analysis were embolic event, diabetes mellitus, *Staphylococcus aureus*, and APACHE II score. APACHE II includes "acute physiology," age, and chronic health evaluation (39).

http://content.onlinejacc.org/cgi/content/full/45/1/111

Eighty-two percent of patients had native valve IE. **Independent predictors of death by logistic regression** analysis were embolic event, diabetes mellitus, *Staphylococcus aureus*, and APACHE II score. APACHE II includes "acute physiology," age, and chronic health evaluation (39). **Predictors for "major" embolic event.** Overall, 75 symptomatic

J. Am. Coll. Cardiol. 2005;45;111-122 Shahbudin H. Rahimtoola

http://content.onlinejacc.org/cgi/reprint/45/1/111.pdf

NEJM -- Dexamethasone for the Treatment of Tuberculous Meningitis Supplementary Table 2. Baseline Variables Independently Associated with **Death**, by Logistic Regression.*. HOME | SUBSCRIBE | SEARCH | CURRENT ISSUE | PAST ... https://content.nejm.org/ cgi/content/full/351/17/1741/DC1 - Similar pages

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Prognostic value of stress echocardiography in stable angina or ... An abnormal dobutamine test result was the most powerful predictor of cardiac **death by logistic regression**. Patients with depressed ventricular function and ... firstsearch.oclc.org/ fsip?sici=0268-4705(19961101)11%3A6%3C627%3APVOSEI%3E2.0.TX%3B2-5&format=HTML... - 48k -

In one analysis, an embolic event was 1 of 4 early predictors of in-hospital death caused by IE.230 Other independent predictors of death by logistic regression modeling among 267 consecutive patients with definite or possible IE by modified Duke criteria were diabetes mellitus, *S aureus* infection, and Acute Physiology And Chronic Health Evaluation (APACHE) II score.

(Circulation. 2005;111:e394-e434.) © 2005 American Heart Association, Inc. AHA Scientific Statement

Infective Endocarditis

Larry M. Baddour, MD, Chair;

http://circ.ahajournals.org/cgi/content/full/111/23/e394

[PDF] Additional Pulmonary Blood Flow Has No Adverse Effect on Outcome ... File Format: PDF/Adobe Acrobat factor for early **death by logistic regression**. Furthermore, superior vena cava syndrome was higher in the group. with lower pressure antegrade pulmonary ... ats.ctsnetjournals.org/cgi/reprint/79/1/29.pdf - Similar pages

Ann Thorac Surg 2005;79:29-36 © 2005 The Society of Thoracic Surgeons Original article: Cardiovascular Additional Pulmonary Blood Flow Has No Adverse Effect on Outcome After Bidirectional Cavopulmonary Anastomosis Pascal A. Berdat, MDa,*, Emré Belli, MDb, François Lacour-Gayet, MDb, Claude Planché, MDb, Alain Serraf, MD, PhDb

http://ats.ctsnetjournals.org/cgi/content/abstract/79/1/29

ARTICLE LINKS: Fulltext | PDF (108 K) Serum level of cardiac troponin I in pediatric patients with sepsis/septic shock: NIVEIS SERICOS DE TROPONINA CARDIACA EM PACIENTES COM SEPSE / CHOQUE SEPTICO. Abstracts Translations Pediatric Critical Care Medicine. 6(1):120, January 2005. Oliveira, Norma Suely; Castelo, Jane Sant'Ana; Silva, Valmin Ramos; Neto, Jorge Elias; Lima Pereira, Fausto Edmundo; de Carvalho, Werther Brunow

igure 1 shows a more detailed picture of the adjusted association between age and the odds of death by logistic regression. The odds of death increased significantly with age (p for trend or = 40. Among adults significant adjusted differences in the odds of death were also observed between the age group 19-29 and the age groups > or = 40. Similar logistic regression adjusted odds ratios were observed by using models restricted to icteric patients.

COMPARATIVE STUDY OF THE IN-HOSPITAL CASE-FATALITY RATE OF LEPTOSPIROSIS BETWEEN PEDIATRIC AND ADULT PATIENTS OF DIFFERENT AGE GROUPS Revista do Instituto de Medicina Tropical de Sao Paulo, Jan/Feb 2004 by Lopes, Antonio Alberto, Costa, Everaldo, Costa, Yara Aragao, Sacramento, Edilson, Et al << Page 1 Continued from page 1. Previous | Next

http://findarticles.com/p/articles/mi_qa3855/is_200401/ai_n9374848/pg_2

Psychosocial Predictors of Death for Low-Risk Patients After a First Myocardial Infarction: A 7-YEAR FOLLOW-UP STUDY [PREVENTIVE CARDIOLOGY]

Journal of Cardiopulmonary Rehabilitation. 24(2):87-93, March/April 2004. Pfiffner, Dorothy PhD; Hoffmann, Andreas MD From the Swiss Working Group on Cardiac Rehabilitation, University Hospitals, Bern, Switzerland (Dr Pfiffner), and the Swiss Working Group on Cardiac Rehabilitation, University Hospitals, Basel, Switzerland (Dr Hoffmann).Address correspondence to: Andreas Hoffmann, MD, Lange Gasse 78, CH 4052 Basel, Switzerland

Table 4 PREVALENCE OF PSYCHOSOCIAL FACTORS AND PREDICITVE VALUE FOR **DEATH AT 7YEARS BY BIVARIATE ANALYSIS**

Table 5 PREVALENCE OF MEDICAL RISK FACTORS AND PREDICTIVE VALUE FOR DEATH AT 7YEARS BY BIVARIATE ANALYSISTable 6 MEDICAL AND PSYCHOSOCIAL FACTORS PREDICITING DEATH AT 7 YEARS BY

LOGISTIC REGRESSION ANALYSIS

Headings Medical and Psychosocial Factors Predicting Death by Multiple Logistic Regression Analysis Psychosocial Factors Predicting Death at 7 Years by Bivariate Analysis Medical Factors Predicting Death by Bivariate Analysis

[PDF] Survival costs of reproduction in the blue tit (Parus caeruleus ...File Format: PDF/Adobe Acrobat site intensity and body mass on **survival with logistic regression**, in. both cases with brood size manipulation as a covariate. For both ...



Survival costs of reproduction in the blue t (Parus caeruleus): a role for blood parasite

Martin Stjernman^{1*}, Lars Råberg^{1,2} and Jan-Åke Nilsson¹

¹Department of Animal Ecology, Lund University, Ecology Building, 223 62 Lund, Sweden ²Institute of Cell, Animal and Population Biology, The University of Edinburgh, King's Buildings, West Mains Road, Edinburgh EH9 3JT, UK

One of the central tenets in life-history theory is that there is a trade-off between c

The effects of brood size manipulation on parasite intensity and body mass were analysed with ANCOVA and the effects of parasite intensity and body mass on survival with logistic regression, in both cases with brood size manipulation as a covariate. For both parasite intensity and body mass, pre-experimental values

http://www.trentcancer.prestel.co.uk/pbsterminal.htm

INEQUALITY EVEN IN TERMINAL ILLNESS? Silcocks P B S1, Rashid A2, Culley L2, Smith
 L3 1Trent Cancer Registry, Sheffield & Trent Institute for Health Services Research, Nottingham
 University Objective: To compare use of palliative care services by Asian and non-Asian cancer
 patients. Method: A case-control study of deaths among patients registered with cancer in the period 1990
 to 1997 who were residents of Leicestershire. Cases were deaths known to occur in a hospice and the exposure
 variable was Asian ethnicity, based on the patient's name. Results: Our study sample of 5,082 subjects

consisted of 847 cases with 5 controls per case. After adjusting for cause, period and age at death by multiple logistic regression, the odds ratio for "Asian" ethnicity was 0.54 (95% confidence limits 0.32 to 0.92) P = 0.023. The result for ethnicity was similar whether or not additional adjustment was made for deprivation (expressed as quintile of Townsend scores for Leicestershire) and was not materially affected by adjustment for misclassification.

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Scand J Prim Health Care. 2001 Jun;19(2):112-6..

Five-year mortality in men and women with atrial fibrillation. Wandell PE. The Huslakarna i Osteraker Health Centre, Akersberga, Sweden.

OBJECTIVE: Five-year mortality in men and women with atrial fibrillation (AF). DESIGN: A follow-up of the medical records of patients with AF registered on September 30, 1993. SETTING: One community health centre in Stockholm County. SUBJECTS: 129 patients (76 men and 53 women). MAIN OUTCOME MEASURES: Observed and expected, age- and sex-standardised, 5-year mortality rates. Significant risk factors by multiple logistic regression. RESULTS: Women had a higher mean age (77.5 vs 72.8 years) and more often suffered from heart failure and hypothyreosis. Five-year mortality rate for men was 30% vs expected 27% in Sweden and 24% in the community; for women it was 43% vs expected 29% (p <0.05) and 23% in the community (p < 0.001), i.e. an excess mortality of 49% and 88%, respectively. Significant factors predicting **death by logistic regression** among women were: age (odds ratio 1.39, p < 0.001), levothyroxine treatment (odds ratio 27.87, p < 0.05) and diabetes (odds ratio 20.75, p < 0.05). CONCLUSIONS: AF is related to an excess sex- and age-standardised, 5-year mortality in women but not in men, with levothyroxine treatment as one significant factor.

Corticosteroid in the Management of SARS

Zhong NS, Chen RC, Guangzhou Institute of Respiratory Diseases, China

The efficacy of corticosteroid administration in the management of Severe Acute Respiratory Syndrome (SARS) remains controver si a l. There was an abnorma limmunopathological reaction at the early stage of SARS onset shown in the transbronchial lung biopsy, demonstrating shedding of alveolar epithelium, proliferation of fibroblast and myofibroblast and hyalinization of the alveolar wall. These abnormalities were not found in those with bacterial or clamydial pneumonia; 50% of patients with SARS who met the criteria of severe acute respiratory distress syndrome showed dramatic improvement after receiving bolus of methylprednisolone (500 mg/d) in terms of oxygen index and chest radiography. A comparison of corticosteroid administration on the survival rate of SARS patients was made in Guangzhou recently. Among 642 cases with diagnosed SARS (seroconverion on 4- fold rise in SARS coronavirus IgG titer, 358 cases met with the criteria of critical SARS: a) respiratory rate>=30/min, b) chest radiography deteriorated progressively (>=50% within 48 hrs), c) persistent high fever (>=39oC for more than 3 days). They were divided into two groups: steroid group (n=252) and supportive group (n=106). The average dose of methylprednisolone (MP) was 140±120mg/d for 17±7days. Median values of parameters (score of chest radiography, oxygen index, etc) were collected in three consecutive days before and on week two after MP administration. Having adjusted all main confounders, MP demonstrated beneficial effect on the survival of critical SARS patients (p=0.065 in the probability of death by logistic regression, p=0.036 in the Force of fatality by Cox regression). More clinical studies are needed to further clarify the indication, available time and the dosage of corticosteroid in the management of SARS.

THE HONG KONG MEDICAL DIARY VOL.9 NO.7 JULY 2004, page 17

Figure 1 shows a more detailed picture of the adjusted association between age **and the odds of death by logistic regression.** The odds

Comparative study of the in-hospital case-fatality rate of leptospirosis between pediatric and adult patients of different age groups Estudo comparativo da letalidade hospitalar da leptospirose entre pacientes pediátricos e adultos de diferentes grupos etários Antonio Alberto Lopes I, II ; Everaldo Costa III, IV ; Yara Aragão Costa IV ; Edilson Sacramento III, IV ; Antonio Ralph Ribeiro de Oliveira Junior I; Marcelo Barreto Lopes I; Gildete Barreto Lopes II Rev. Inst. Med. trop. S. Paulo vol.46 no.1 São Paulo Jan./Feb. 2004

[PDF] Hospital Authority Convention 2004 - Hong Kong SARS Forum File Format: PDF/Adobe Acrobat -View as HTML probability of death by logistic regression, p=0.036 in the Force. of fatality by Cox regression). More clinical studies are needed to further clarify the ... www.fmshk.com.hk/hkmd/jul2004/ HK%20SARS%20Forum_P16-18.pdf - Similar pages

Clinical Practice Guideline: Endpoints of Resuscitation

Samuel A. Tisherman, MD, FACS, Philip Barie, MD, FACS, Faran Bokhari, MD, FACS, John Bonadies, MD, FACS, Brian Daley, MD, FACS, Lawrence Diebel, MD, FACS, Soumitra R. Eachempati, MD, FACS, Stanley Kurek, DO, Fred Luchette, MD, FACS, Juan Carlos Puyana, MD, FACS, Martin Schreiber, MD, FACS, and Ronald Simon, MD, FACS J Trauma. 2004;57:898–912.

Quantification of creatinine kinetic parameters in patients with nutritional status. In turn, malnutrition was found to be a significant independent predictor of **death by logistic regression** analysis. Of ... www.blackwell-synergy.com/links/ doi/10.1046/j.1523-1755.1998.00016.x/pdf - Similar pages

Br J Surg. 1990 Apr;77(4):450-3. Prediction of mortality by logistic regression analysis in patients with postoperative enterocutaneous fistulae. Altomare DF, Serio G, Pannarale OC, Lupo L, Palasciano N, Memeo V, Rubino M.

Chest. 1998 Feb;113(2):412-20.

The influence of mini-BAL cultures on patient outcomes: implications for the antibiotic management of ventilator-associated pneumonia. Kollef MH, Ward S. Department of Internal Medicine, Pulmonary and Critical Care Medicine, Washington University School of Medicine, St. Louis, Mo 63110, USA. marin@wupulm3.wustl.edu STUDY OBJECTIVE: To determine the influence of mini-BAL culture results on subsequent changes in antibiotic therapy and patient outcomes. DESIGN: Prospective, single-center, cohort study. SETTING: Medical ICU of Barnes-Jewish Hospital, St. Louis, a universityaffiliated teaching hospital. PATIENTS: One hundred thirty mechanically ventilated patients undergoing mini-BAL for suspected ventilator-associated pneumonia (VAP). INTERVENTIONS: Mini-BAL, prospective patient surveillance, and data collection. MEASUREMENTS and RESULTS: Sixty (46.2%) patients had mini-BAL cultures that yielded at least one pathogen potentially accounting for the clinically suspected episode of VAP (64 bacterial, 3 viral, 2 fungal). Among the 60 patients with microbiologically positive mini-BAL cultures, 44 (73.3%) were classified as receiving inadequate antibiotic therapy (ie, identification of a microorganism resistant to the prescribed antibiotic regimen). Prior antibiotic

administration or its absence remained unchanged in 51 (39.2%) patients based on the mini-BAL culture results, while in another 51 (39.2%) patients, antibiotic therapy was either begun (n=7) or the existing antibiotic regimen was changed (n=44), and in the remaining 28 (21.6%) patients, antibiotic therapy was discontinued altogether. The hospital mortality rates of these three groups were statistically different: 33.3%, 60.8%, and 14.3%, respectively (p<0.001). The most common pattern of antibiotic resistance resulting in an antibiotic change following mini-BAL was the identification of a Gram-negative bacteria resistant to a prescribed third-generation cephalosporin in 23 of 44 (52.3%) patients. Twenty-one of these 23 patients (91.3%) received prior therapy with a cephalosporin class antibiotic during the same hospitalization. Having an immunocompromised state (adjusted odds ratio [OR]=2.45; 95% confidence interval, 1.56 to 3.85; p=0.047) and the presence of a pathogen in the mini-BAL culture resistant to the empirically prescribed antibiotic regimen (adjusted OR=3.28; 95% confidence interval, 2.12 to 5.06; p=0.006) were identified as risk factors independently associated with hospital mortality by logistic regression analysis. CONCLUSIONS: These data suggest that antibiotic selection prior to obtaining the results of lower airway cultures is an important determinant of outcome for patients with suspected VAP. A delay in initiating adequate antibiotic therapy was associated with a greater mortality. Therefore, the initial selection of antibiotics for the empiric treatment of VAP should be broad enough to cover all likely pathogens, including antibiotic-resistant bacteria. This appears to be especially important in patients having received prior antibiotics.

Archives of Disease in Childhood Fetal and Neonatal Edition 2003; 88 :F94

© 2003 Archives of Disease in Childhood Fetal and Neonatal Edition Infant to staff ratios and risk of mortality in very low birthweight infants L A Callaghan 1,4 ,D W Cartwright 1,P O'Rourke 3and M W Davies 1,2 Objectives: To assess the effect that infant to staff ratios, in the first three days of life, have on the survival to hospital discharge of very low birthweight infants (<1500 g), having adjusted for initial risk and unit workload. Design: In a retrospective analysis of a cohort of patients, the number of infants per nurse per shift were averaged for the first three days after admission and related to risk of mortality by logistic regression analysis. Infant to staff ratio was divided into terciles of low (1.16–1.58), medium (1.59–1.70), and high (1.71–1.97) infants per staff member.

[OR 2.7 (1.6–4.4), p, 0:0001]. When adjusting for birthweight, gestational age, sex and **place of birth by logistic regression**, treatment with antenatal steroids were signifi- cantly associated with increased survival [OR 2.4 (1.3–4.3), p 1/4 0:003]. The use of CRIB (clinical risk index for babies) score in auditing the performance of one neonatal intensive care unit PI Kaaresen, G Døhlen, HP Fundingsrud1 and LB Dahl Acta Pædiatr 87: 195–200. 1998

Table 2: Odds-Ratios (OR) and Levels of Significance for Month of Death from Logistic Regression (Reference Group: August) Max-Planck-Institut für demografische Forschung Max Planck Institute for Demographic Research Konrad-Zuse-Strasse 1 · D-18057 Rostock · GERMANY Tel +49 (0) 3 81 20 81 - 0; Fax +49 (0) 3 81 20 81 -202; http://www.demogr.mpg.de Seasonal Mortality in Denmark: The role of sex and age MPIDR WORKING PAPER WP 2003-014 MAY 2003 Roland Rau (rau@demogr.mpg.de) Gabriele Doblhammer (doblhammer@demogr.mpg.de)

we calculated two-tailed *P*values and 95% confidence intervals with adjustment for additional risk factors of CAD and **MI by multiple logistic regression**

Blood, Vol. 93 No. 8 (April 15), 1999: pp. 2449-2453

Association of the Platelet Glycoprotein Ia C 807 T Gene Polymorphism With Nonfatal Myocardial Infarction in Younger Patients By S. Santoso ,T.J. Kunicki ,H. Kroll ,W. Haberbosch ,and A. Gardemann

Our search for a possible association of the combination of ecNOS polymorphisms with **MI by logistic** regression analysis was also negative.

Eur J Clin Invest. 1999 Apr;29(4):284-90.

Polymorphisms of the endothelial nitric oxide synthase gene - no consistent association with myocardial infarction in the ECTIM study. Poirier O, Mao C, Mallet C, Nicaud V, Herrmann SM, Evans A, Ruidavets JB, Arveiler D, Luc G, Tiret L, Soubrier F, Cambien F.

Ann Thorac Surg 2002;73:1196-1203 © 2002 The Society of Thoracic Surgeons Original article: Elimination of cardiopulmonary bypass improves early survival for multivessel cardiovascular coronary artery bypass patients Mitchell J. Magee, MD*a,1, Kathleen A. Jablonski, PhDb, Sotiris C. Stamou, MD, PhDb, Albert J. Pfister, MDc, Todd M. Dewey, MDa, Mercedes K.C. Dullum, MDc, James R. Edgerton, MDa, Syma L. Prince, RNa, Tea E. Acuff, MDa, Paul J. Corso, MDc, Michael J. Mack, MDa а Cardiopulmonary Research Science and Technology Institute, Dallas, Texas, USA b Statistics and Computer Center, MedStar Research Institute, Washington, DC, USA c Washington Hospital Center, Washington, DC, * Address reprint requests to Dr Magee, 7777 Forest Lane, Suite A323, Dallas, TX, USA 75230 e-USA Presented at the Thirty-seventh Annual Meeting of The Society of Thoracic mail: mmagee@csant.com Surgeons, New Orleans, LA, Jan 29–31, 2001. *Background*. Coronary artery bypass graft (CABG) surgery performed without cardiopulmonary bypass (CPB) is currently increasing in clinical practice. Decreased morbidity associated with off-pump (OP) CABG in selected risk groups examined in relatively small, single institution groups has been the focus of most recent studies. The purpose of this study was to determine the independent impact of CPB on early survival in all isolated multivessel CABG patients undergoing surgery in two large institutions with established experience in OPCABG techniques. *Methods*. A review of two large databases employed by multiple surgeons in the hospitals of two institutions identified 8,758 multivessel CABG procedures performed from January 1998 through July 2000. In all, 8,449 procedures were included in a multivariate logistic regression analysis to determine the relative impact of CPB on mortality independent of known risk factors for mortality. Procedures were also divided into two treatment groups based on the use of CPB: 6,466 had CABG with CPB (CABG-CPB), 1,983 had CABG without CPB (OPCABG). Disparities between groups were identified by univariate analysis of 17 preoperative risk factors and treatment groups were compared by Parsonnet's risk stratification model. Finally, computer-matched groups based on propensity score for institution selection for OPCABG were combined and analyzed by a logistic regression model predicting risk for mortality. Results. CABG-CPB was associated with increased mortality compared with OPCABG by univariate analysis, 3.5% versus 1.8%, despite a lower predicted risk in the CABG-CPB group. CPB was associated with increased mortality by multiple logistic regression analysis with an odds ratio of 1.79 (95%

confidence interval = 1.24 to 2.67). An increased risk of mortality associated with CPB was also determined by logistic regression analysis of the combined computer-matched groups based on OPCABG-selection propensity scores with an odds ratio of 1.9 (95% confidence interval = 1.2 to 3.1). *Conclusions*. Elimination of CPB improves early survival in multivessel CABG patients. Rigorous attempts to statistically account for selection bias maintained a clear association between CPB and increased mortality. Larger multiinstitutional studies are needed to confirm these findings and determine the most appropriate application of OPCABG.

Hypothermia in a surgical intensive care unit **Fernando J Abelha1**, **Maria A Castro1**, **Aida M Neves1**, **Nuno M Landeiro1 and Cristina C Santos2** 1Department of Anesthesia and Intensive Care, Hospital de São João, Porto, Portugal 2Biostatistics and Medical Informatics Department, Faculty of Medicine at the University of Porto, Portugal *BMC Anartherization* 2005, **5**:7 doi:10.1186/1471.2252.5.7

BMC Anesthesiology 2005, **5**:7 doi:10.1186/1471-2253-5-7 http://www.biomedcentral.com/1471-2253/5/7

Table 3Predictors of core hypothermia by multiple logistic regressionTable 4

Predictors of ICU LOS longer than two days by multiple logistic regression **Table 6** Predictors of **mortality by multiple logistic regression**

Effect of thrombolytic therapy on the risk of cardiac rupture and ... [in this window] \cdot [in a new window], Table 4 Independent predictors of 30 day, 6 month, and 24 month **mortality by multiple logistic regression** analysis ... eurheartj.oxfordjournals.org/ cgi/content/full/26/17/1705 - Similar pages

http://www.joplink.net/prev/200211/ref/05-23.html

Freeman ML. JOP. J Pancreas (Online) 2002; 3(6):169-176. [Reference 23]

What are the risks of diagnostic and therapeutic endoscopic retrograde

cholangiopancreatography? Tzovaras G, Shukla P, Kow L, Mounkley D, Wilson T, Toouli J. Aust NZ *J Surg 2000; 70:778-82.* (AN 21000435; PMID 11147436) BACKGROUND: Diagnostic and therapeutic endoscopic retrograde cholangiopancreatography (ERCP) has been practised widely over the last 20 years, and it has revolutionized the diagnosis and management of biliary and pancreatic conditions. More recently newer techniques (magnetic resonance imaging) for diagnosis and therapy (laparoscopic biliary surgery) have evolved. The present paper evaluates the risks of ERCP procedures in a modern setting. METHODS: A prospective audit of all ERCP carried out by a single unit across two campuses over 12 months was undertaken. All procedures were included and predetermined morbidity criteria were recorded and evaluated by independent observers who did not perform the procedures. RESULTS: During this period 372 procedures were performed. A total of 9.4% of procedures failed to achieve the preprocedure-stated goal. There were five deaths (30-day mortality of 1.3%) and in 16 patients complications were recorded (morbidity of 4.3%). Two clinical and two technical factors were shown to be associated with the morbidity and mortality by multiple logistic regression analysis: diagnosis of sphincter of Oddi dysfunction; presence of jaundice; need to perform percutaneous transhepatic drainage of an obstructed biliary system after a failed endoscopic approach; and multiple ERCP. CONCLUSIONS: These results compare favourably with results from other reported series and serve to illustrate the relative safety of diagnostic and therapeutic ERCP.

NCI CANCERLIT® Search: Therapy of Gastric Cancer - February 2002

http://www.oncolink.com//types/article.cfm?c=5&s=14&ss=112&id=7951 Affiliation: National Cancer Institute® Posting Date: February 1, 2002

1UI - 11677999 AU - Ikeguchi M; Oka S; Gomyo Y; Tsujitani S; Maeta M; Kaibara N TI - Postoperative morbidity and mortality after gastrectomy for gastric carcinoma. SO - Hepatogastroenterology 2001 Sep-Oct;48(41):1517-20 AD - First Department of Surgery, Faculty of Medicine, Tottori University, 36-1 Nishi-cho, Yonago 683-8504, Japan. BACKGROUND/AIMS: Surgical technique and postoperative care for gastric cancer have significantly improved in recent years. However, whether postoperative morbidity or mortality rates after gastrectomy for gastric cancer were reduced or not in recent years was unclear. In this study, we analyzed the chronological changes of postoperative morbidity and mortality rates, and we analyzed risk factors for postoperative morbidity and mortality in patients undergoing gastrectomy for carcinomas of the stomach. METHODOLOGY: A total of 887 patients with basis of chronology. The first group included patients treated over the period 1985 to 1988 (n = 324); the second group, 1989 to 1992 (n = 300); and the third group, 1993 to 1996 (n = 263). Postoperative morbidity rates and mortality rates were compared among the three groups. Also, significant risk factors affecting postoperative morbidity and in-hospital mortality were analyzed by the multiple logistic regression analysis. RESULTS: Postoperative complications were detected in 95 patients (10.7%) and in-hospital mortality rate was 2.4% (21/887). Postoperative morbidity rates were 10.5%, 11%, and 10.6% in the first, second, and third groups, respectively and postoperative mortality rates were 2.5%, 2%, and 2.7%, respectively. These postoperative morbidity and mortality rates were not different between the groups (P = 0.979 and P = 0.866). The most common postoperative complication was anastomotic leakage (56/95, 58.9%). Significant risk factors affecting in-hospital mortality were Stage IV (P = 0.006) and noncurative gastric resection (P = 0.004). However, the extent of lymph node dissection, combined resection, or the existence of preoperative complications were not significant risk factors of in-hospital mortality by multiple logistic regression analysis. CONCLUSIONS: These results indicate that patients with far-advanced gastric cancer might have a high risk of postoperative mortality. In noncurative operations for patients with advanced gastric cancer, unnecessary lymph node dissection or combined resection should be avoided.---

Diabetes Care 26:1369-1373, 2003 © 2003 by the American Diabetes Association, Inc. Clinical Care/Education/Nutrition Original Article Lipid Testing Among Patients With Diabetes Who Receive Diabetes Care From Primary Care Physicians Mark W. Massing, MD, PHD1,2, Nancy S. Henley, MPH, MD1,3, Lori Carter-Edwards, PHD2,4, Anna P. Schenck, PHD1,2 and Ross J. Simpson, Jr., MD, PHD1,3 Medical Review of North Carolina, Cary, North Carolina School of Public Health, University of North Carolina, Chapel Hill, North Carolina School of Medicine, University of North Carolina, Chapel Hill, North Carolina Rho, Chapel Hill, North Carolina Table 3— Lipid profile testing as a predictor of 18-month mortality from logistic regression analyses

Predictors of in-hospital mortality following operative management ... Predictors of in-hospital mortality from logistic regression analysis included male gender (odds ratio with 95% CI: 5.5, 1.5-20.5), admission from a long ... www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve& db=PubMed&list_uids=12774456&dopt=Abstract -

Predictors of Early Deterioration and Mortality in Black Americans With Spontaneous Intracerebral Hemorrhage Adnan I. Qureshi, MD; Kamran Safdar, MD; E. Jennifer Weil, MD; Carol Barch, RN; Donald L. Bliwise, PhD; Austin R. Colohan, MD; Bruce Mackay, MD; Michael R. Frankel, MD From the Departments of Neurology (A.I.Q., K.S., C.B., D.L.B., B.M., M.R.F.), Medicine (E.J.W.), and Neurosurgery (A.R.C.), Emory University School of Medicine, Atlanta, Ga.

Table 2. TABLE 2. Independent Predictors of Early Deterioration by Multiple Logistic Regression Analysis**Table 3.** TABLE 3. Predictors of Mortality by Univariate Analysis

 Table 4. TABLE 4. Independent Predictors of Mortality by Multiple Logistic Regression Analysis

Results 11 - 17 of about 29 for "mortality by multiple logistic regression". (0.11 seconds) Perioperative and Long-Term Morbidity and Mortality After Above ... View this table: [in this window] · [in a new window], Table 1. Predictors of 30-Day Mortality by Multiple Logistic Regression ... www.anesthesia-analgesia.org/ cgi/content/full/100/5/1241 - Similar pages Postoperative morbidity and mortality after gastrectomy for ... or the existence of preoperative complications were not significant risk factors of inhospital mortality by multiple logistic regression analysis.

... www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&

db=PubMed&list_uids=11677999&dopt=Abstract - Similar pages [Surgical treatment of infective endocarditis--an analysis of the ... The degree of activity of the infection is not a risk factor for operative **mortality by multiple logistic regression** analysis. We conclude that surgical

... www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve& db=PubMed&list_uids=8176291&dopt=Abstract

- Similar pages

<u>Cox</u>

1: Med Clin (Barc). 1998 Jun 6;110(20):761-7. **[Value of HIV-1 viral load and CD4 lymphocyte count as determinants of progression to AIDS and survival]** [Article in Spanish] Romeu J, Balague M, Ruiz L, Marfil S, Puig T, Arno A, Veny A, Tural C, Sirera G, Clotet B. Hospital de Dia VIH (Servicio de Medicina Interna, Badalona, Barcelona. BACKGROUND: HIV-1 viral load is regarded as a better surrogate marker for progression and death than CD4+ cell counts. Both markers are analysed in a cohort of patients with unknown seroconversion date and advanced HIV infection. PATIENTS AND METHODS: Retrospective cohort analysis of 421 patients, most on antiretroviral therapy, with a median initial CD4+ cell count of 209 x 10(6)/l and a median initial viral load of 4.7 log copies/ml. One thousand two hundred and eighty-six samples were analysed. Univariate and bivariate analysis were performed with initial and sequential CD4+ cell counts and viral load values to estimate the risk of progression and death by Cox regression models.

Background: Off –pump coronary artery bypass surgery has gone through a remarkable revival during the last decade. Concerns have been given about long-term follow-up and possible additional percutaneous (PTCA) or surgical (CABG) reinterventions. We have reviewed our long-term experience with the systematic used of OPCAB surgery.

Methods: Between October 1996 and April 2003, 900 consecutives OPCAB surgery were performed at the Montreal Heart Institute representing 98% of the current caseload. Only patients with unstable preoperative hemodynamics were turned down. Conversion rate to cardiopulmonary bypass (CPB) was 0.4%. Average age was 65+10 years, male/female ratio 3.5; 58% had previous myocardial infarction (MI) (19% <4 weeks), 16% evidence of cerebrovascular disease, 7% previous stroke, and 6.9% previous CABG surgery, and 2% had evolving MI at the surgery.

Results: Operative mortality was 1.1%, perioperative infarction rate was 3.3%. On average, 3.2 graft/pt were made, 79% of the patients received 3 grafts. Follow-up was available on 99.7% of 600 consecutives patients. Five year survival including all causes of death was 922% and 971.3% if only cardiovascular deaths were considered. Freedom of rehospitalisation was 74=3%. Only one patient was reoperated and freedom from PTCA

was 92+2.4% at 5 years. Main causes of death by Cox regression analysis was CVA (p=03), preoperative renal insufficiency (p=0.04), left ventricular ejection fraction (p=0.07), and age (p=0.09). 98.5% of the survival were in NYHA functional class I and II.

Conclusion: Mid-term follow-up on OPCAB patients is encouraging and comparable to conventional procedure. The procedure was shown safe and needs for new revascularization procedures low.

[DOC] Five years follow-up with systematic off pump CABG surgery File Format: Microsoft Word 2000 - View as HTML ... Main causes of **death by Cox regression** analysis was CVA (p=03), preoperative renal insufficiency (p=0.04), left ventricular ejection fraction (p=0.07), and age ... www.cardiocongress.org/upload/raymond2004415225656.DOC - Similar pages

The factors associated with death by Cox regression analysis are shown in Table 4.

ournal of Clinical Oncology, Vol 20, Issue 6 (March), 2002: 1527-1536 © 2002 American Society for Clinical Oncology **Simplified Staging for Hepatocellular Carcinoma** By Jean-Nicolas Vauthey ,Gregory Y. Lauwers ,Nestor F. Esnaola ,Kim-Anh Do ,Jacques Belghiti ,Nadeem Mirza ,Steven A. Curley ,Lee M. Ellis ,Jean-Marc Regimbeau ,Asif Rashid ,Karen R. Cleary ,David M. Nagorney

The factors of highest prognostic value for the determination of risk of death by multivariate analysis using the regression technique of Cox [18] were level of the metastatic lymph nodes, age and contralateral lymph node metastases. The major prognostic factor was the presence of ipsilateral lymph node metastases at Level II **Bilateral Radical Neck Dissection: Results in 193 Cases JOSE' MAGRIN, MD, PhD AND LUIZ KOWALSKI, MD, PhD*** Head and Neck Surgery and Otorhinolaryngology Department, Centro de Tratamento e Pesquisa Hospital do Ca[^]ncer A.C. Camargo, Sa[°]o Paulo, Brazil **Journal of Surgical Oncology 2000;75:232–240**

Clinical Care Options for Oncology - Autologous Stem Cell than for those with mutated V H. Significant predictors of **death by Cox regression** analysis of survival time from diagnosis: SHDT: ... clinicaloptions.com/onco/jopt/articles/ article.asp?a=Dreger-Blood-2004-03&page=capsule - 25k -Supplemental Result - Cached - Similar pages

Med Clin (Barc). 1998 Jun 6;110(20):761-7. Related Articles, Links **[Value of HIV-1 viral load and CD4 lymphocyte count as determinants of progression to AIDS and survival]** [Article in Spanish] **Romeu J, Balague M**, Ruiz L, Marfil S, Puig T, Arno A, Veny A, Tural C, Sirera G, Clotet B. Hospital de Dia VIH (Servicio de Medicina Interna, Badalona, Barcelona.

BACKGROUND: HIV-1 viral load is regarded as a better surrogate marker for progression and death than CD4+ cell counts. Both markers are analysed in a cohort of patients with unknown seroconversion date and advanced HIV infection. PATIENTS AND METHODS: Retrospective cohort analysis of 421 patients, most on antiretroviral therapy, with a median initial CD4+ cell count of 209 x 10(6)/l and a median initial viral load of 4.7 log copies/ml. One thousand two hundred and eighty-six samples were analysed. Univariate and bivariate analysis were performed with initial and sequential CD4+ cell counts and viral load values to estimate the risk of progression and death by Cox regression models. RESULTS: After a median follow up of 763 days, 124 patients developed AIDS and 117 died. Relative risks of progression related to the group that maintained

viral load values always < 35,000 copies/ml were: 5-fold (95% CI: 1.4-17.0; p < 0.05) for patients with any viral load value > 35,000 copies/ml but always < 200,000 copies/ml; and 13.6 fold (95% CI: 5.4-34.2; p < 0.0001) for patients who could not maintain viral load < 200.000 copies/ml. CD4+ counts = 100 x 10(6)/l and viral load = 220,000 copies/ml were the threshold values that best fitted to estimate the probability of survival by a bivariate analysis. CONCLUSIONS: The maintenance of sequential viral load values < 35.000 copies/ml is associated with a lower risk of progression. The maintenance of sequential viral load values < 150,000 copies/ml is associated with higher short-term survival rates.

- Annals of Surgery Fulltext: Volume 234(2) August 2001 p 215-223 ... The following factors were significantly associated with **death by Cox regression** analysis: metastatic disease at presentation (hazard ratio = 9.0, ... www.annalsofsurgery.com/pt/re/ annos/fulltext.00000658-200108000-00012.htm Similar pages
- **[PDF]** 622 135..140 File Format: PDF/Adobe Acrobat ... Table IV. Multivariate analysis of vectorcardiographic risk indicators of **death by Cox regression** analysis, 5-year follow-up, n = 265 ... taylorandfrancis.metapress.com/ index/1A6CURNDT5CFA9K7.pdf -
- Journal of Clinical Oncology, Vol 20, Issue 6 (March), 2002: 1527-1536 © 2002 American Society for Clinical Oncology
 - By Jean-Nicolas Vauthey, Gregory Y. Lauwers, Nestor F. Esnaola, Kim-Anh Do, Jacques Belghiti, Nadeem Mirza, Steven A. Curley, Lee M. Ellis, Jean-Marc Regimbeau, Asif Rashid, Karen R. Cleary, David M. Nagorney From the International Cooperative Study Group on Hepatocellular Carcinoma; Departments of Surgical Oncology, Biostatistics and Biomathematics, and Pathology, The University of Texas M.D. Anderson Cancer Center, Houston, TX; Department of Pathology, Massachusetts General Hospital, Boston, MA; Department of General Surgery, Mayo Clinic, Rochester, MN; and Department of Surgery, Hôpital Beaujon, Paris, France.
- The univariate prognostic factors were entered into a multivariate model to identify independent predictors of long-term survival (as before, patients with lymph node involvement were excluded). The factors associated with death by Cox regression analysis are shown in Table 4. Major vascular invasion had the greatest impact on survival, followed by microvascular invasion and severe fibrosis/cirrhosis in the adjacent liver. Multiple tumors and tumors measuring more than 5 cm were also associated with worse survival.

Prev Med. 1992 Jul;21(4):546-53. Tea consumption. relationship to cholesterol, blood pressure, and coronary and total mortality.

Stensvold I, Tverdal A, Solvoll K, Foss OP.

National Health Screening Service, Oslo 1, Norway.

BACKGROUND AND METHODS. The relation of tea to cholesterol, systolic blood pressure, and mortality from coronary heart disease and all causes was studied in 9,856 men and 10,233 women without history of cardiovascular disease or diabetes. All men and women 35-49 years of age from the county of Oppland (Norway) were invited to participate; the attendance rate was 90%. RESULTS. Mean serum cholesterol decreased with increasing tea consumption, the linear trend coefficient corresponded to a difference of 0.24 mmol/liter (9.3 mg/dl) in men and 0.15 mmol/liter (5.8 mg/dl) in women between drinkers of less than one cup and those of five or more cups/day, when other risk factors were taken into account. Systolic blood

pressure was inversely related to tea with a difference between the same two tea groups of 2.1 mm in men and 3.5 mm in women. Altogether 396 men and 237 women died from all causes, and of these 141 and 18, respectively, died from coronary heart disease during the 12-year follow-up period. The mortality rate was higher (not statistically significant) among persons drinking no tea or less than one cup compared with persons drinking one or more cups/day. This applies to men and women and to coronary heart disease and all-cause mortality. For men, the relative risk (one or more versus less than one cup) for coronary death from Cox regression was 0.64 (95% CI:0.38, 1.07).

Impact of Bloodstream Infection on Outcomes Among Infected Surgical Inpatients.

Annals of Surgery. 233(4):549-555, April 2001. Raymond, Daniel P. MD; Pelletier, Shawn J. MD; Crabtree, Traves D. MD; Gleason, Thomas G. MD; Pruett, Timothy L. MD, and; Sawyer, Robert G. MD

- Abstract: Objective: To assess the importance of bloodstream infection (BSI) to outcomes among infected surgical patients. Background: Bloodstream infection complicating infection is thought to connote a more serious condition compared with a primary infection alone. The authors recently reported, however, that BSI does not alter outcomes with central venous catheter colonization in the presence of sepsis. The significance of BSI with other infections has been incompletely evaluated. Methods: Data on all episodes of infection among surgical patients were collected prospectively during a 38-month period at a single hospital, then analyzed retrospectively to determine the independent prognostic value of BSI for all infections by logistic regression analysis, and for abdominal infections and pneumonia using matched Results: During the study period, 2,076 episodes of infection occurred, including 363 control groups. with BSI. Patients with BSI had a greater severity of illness and a greater death rate. After logistic regression, however, BSI did not independently predict death. After matching patients with abdominal infections and pneumonia with BSI to patients without BSI but with a similar site of infection, severity of illness, age, and causative organism, no difference in outcome was seen. Conclusions: Bloodstream infection is associated with critical illness and death but appears to be a marker of severe primary disease rather than an independent predictor of outcome.
- **Results** The incidence of laboratory-confirmed bloodstream infection was 13.9% (255/1828) of admissions, despite two thirds of the study population having received antimicrobial therapy prior to blood culture. The most frequent isolates were klebsiella, salmonellae, *Escherichia coli*, enterococci and *Staphylococcus aureus*. Furthermore, 21.6% had malaria and 16.8% HIV infection. One third (34.9%) of the children with laboratory-confirmed bloodstream infection died. The mortality rate from Gram-negative bloodstream infection (43.5%) was more than double that of malaria (20.2%) and Gram-positive bloodstream infection (16.7%). Significant risk factors for death by logistic regression modeling were inappropriate treatment due to antimicrobial resistance, HIV infection, other underlying infectious diseases, malnutrition and bloodstream infection caused by *Enterobacteriaceae*, other Gram-negatives and candida.

Research article . Antimicrobial resistance predicts death in Tanzanian children with bloodstream infections: a prospective cohort study Bjørn Blomberg1,2,3, Karim P Manji4, Willy K Urassa5, Bushir S Tamim4, Davis SM Mwakagile5, Roland Jureen1,6, Viola Msangi5, Marit G Tellevik1,2, Mona Holberg-Petersen7,8, Stig Harthug1,2, Samwel Y Maselle5 and Nina Langeland1,2
1Department of Medicine, Haukeland University Hospital, Bergen, Norway 2Institute of Medicine, University of Bergen, Norway 3Centre for International Health, University of Bergen, Norway 4Department of Paediatrics and Child Health, Muhimbili University College of Health Sciences, Dar es Salaam, Tanzania 5Department of Microbiology and Immunology, Muhimbili University College of Health Sciences, Dar es Salaam, Tanzania 6Department of Laboratory Medicine, Alexandra Hospital,

Singapore 7Department of Microbiology, Ullevål University Hospital, Oslo, Norway 8Faculty of Medicine, University of Oslo, Norway *BMC Infectious Diseases* 2007, **7:**43 doi:10.1186/1471-2334-7-43

http://www.biomedcentral.com/1471-2334/7/43

Originally published as JCO Early Release 10.1200/JCO.2005.16.493 on September 12 2005 Journal of Clinical Oncology, Vol 23, No 30 (October 20), 2005: pp. 7411-7416 © 2005 American Society of Clinical Oncology. *This Article* Abstract *Full Text (PDF)* Alert me when this article is cited Alert me if a correction is posted Services Email this article to a colleague Similar articles in this Similar articles in PubMed Alert me to new issues of the journal Save to my personal journal Cited by other online articles Google Scholar Articles by folders Download to citation manager Articles by Stovring, H. Articles citing this Article PubMed PubMed Citation Aabom, B. Articles by Stovring, H. Pubmed/NCBI databases Medline Plus Health Articles by Aabom, B. Information Home Care Services Related Collections Related Editorial Cancer Defining Cancer Patients As Being in the Terminal Phase: Who Receives a Formal Diagnosis, and What Are the Effects? B. Aabom, J. Kragstrup, H. Vondeling, L.S. Bakketeig, H. Stovring

http://jco.ascopubs.org/cgi/content/full/23/30/7411

PATIENTS AND METHODS: We used the Danish Cancer Register and four administrative registers to perform a retrospective cohort study in 3,445 patients who died as a result of cancer. We used the Danish "terminal declaration" issued by a physician as a proxy for a formal terminal diagnosis (prognosis of death within 6 months). The terminal declaration gives right to economic benefits and increased care for the dying. We investigated patient-related factors of receiving an <u>explicit terminal diagnosis by logistic regression</u> and then analyzed the effects of such a diagnosis on admission rate per week and place of death.

Spectrum and prognostic significance of arrhythmias on ambulatory Holter electrocardiogram in hypertrophic cardiomyopathy. Journal of the American College of Cardiology, Volume 45, Issue 5, Pages 697-704 A. Adabag, S. Casey, M. Kuskowski, A. Zenovich, B. Maron

http://linkinghub.elsevier.com/retrieve/pii/S0735109704024179

Although odds ratio for sudden **death by logistic regression** was 1.9 (95% confidence interval: 0.5 to 6.5) in patients with NSVT and 2.4 (95% confidence ... linkinghub.elsevier.com/retrieve/pii/S0735109704024179 - Similar pages

Five-year mortality in men and women with atrial é brillation Per Erik Wa[°]ndell

Scand J Prim Health Care 2001;19:112–116. ISSN 0281-3432

Signié cant factors predicting death by logistic regression among women were: age (odds ratio ing death by logistic regression among women were: age (odds ratio 1.39, pB0.001), levothyroxine treatment (odds ratio 27.87, and diabetes (odds ratio 20.75, pB0.05).

ObjectiØe – Five-year mortality in men and women with atrial

1.39, pB0.001), levothyroxine treatment (odds ratio 27.87, pB0.05lation (AF).)
Design – A follow-up of the medical records of patients with AF and diabetes (odds ratio 20.75, pB0.05).
registered on September 30, 1993. Conclusions – AF is related to an excess sex- and age-standardised,
Setting – One community health centre in Stockholm County. 5-year mortality in women but not in men, with levothyroxine
Subjects – 129 patients (76 men and 53 women). treatment as one signié cant factor.
Main outcome measures – Observed and expected, age- and sex-standardised, 5-year mortality rates. Signié cant risk factors by Key words: atrial é brillation, Sweden, primary health care, sex,
multiple logistic regression. mortality, diabetes, levothyroxine.
Results – Women had a higher

- **RESULTS:** Hospital stay was 5.5 (6.7 days (range, 2 226 days), with duration up to 10 days for 91.9% of the subjects. Antibiotics or other agents were administered to 1,166 subjects (31.5%), 325 (8.8%) required assistance in the ICU, and a total of 141 (3.8%) died. The association between anti-infective drug therapy and hospital mortality was statistically significant (P < .01) with a strong linear correlation (r = 0.902, P = .014). The quantity of prescribed antimicrobial drugs, age, and need for ICU assistance were independent variables for death by logistic regression analysis.
- Clinics Print ISSN 1807-5932 Clinics vol.61 no.1 São Paulo Feb. 2006 ORIGINAL RESEARCH Use of multiple antimicrobial drugs by clinical patients: a prognostic index of hospital mortality? Uso de múltiplos antimicrobianos por pacientes clínicos. Um índice prognóstico de mortalidade hospitalar Wilson P. SpiandorelloI; Joel FaintuchII; Georgia T. RibeiroI; Francisco J. KarkowIII; Jacqueline O. AlvaresI

http://www.scielo.br/scielo.php?pid=S1807-59322006000100004&script=sci_arttext

The Journal of Trauma: Injury, Infection, and Critical Care this was not statistically significant by chisquared analysis, nor was pneumonia an independent predictor of **death by logistic regression**. ... www.jtrauma.com/pt/re/jtrauma/ fulltext.00005373-199601000-00016.htm - Similar pages

NEJM -- Dexamethasone for the Treatment of Tuberculous Meningitis ... View Table, Supplementary Table 2. Baseline Variables Independently Associated with **Death**, **by Logistic Regression**.*. HOME | SEARCH | CURRENT ISSUE | PAST ... content.nejm.org/cgi/content/full/351/17/1741/DC1 - Similar pages

Stroke. 1998 Mar;29(3):635-9. Related Articles, Links Serum uric acid is a strong predictor of stroke in patients with non-insulin-dependent diabetes mellitus. Lehto S, Niskanen L, Ronnemaa T, Laakso Μ Department of Medicine, University of Kuopio, Finland. BACKGROUND AND PURPOSE: Patients with non-insulin-dependent diabetes mellitus (NIDDM) are at increased risk for stroke. Hyperuricemia is a common finding in NIDDM, but its significance as an independent risk factor for cardiovascular disease has remained uncertain. Therefore, we investigated serum urate as a predictor of stroke in NIDDM patients free of clinical nephropathy (ie, with a serum creatinine level of < or = 120micromol/L). METHODS: In this population-based study, cardiovascular risk factors were determined in 1017 patients (551 men and 466 women) with NIDDM, aged 45 to 64 years at baseline. The patients were followed up for 7 years with respect to stroke events. RESULTS: During the follow-up period, 31 NIDDM patients (12 men [2.2%] and 19 women [4.1%]) died from stroke and 114 NIDDM patients (55 men [10.0%] and 59 women [12.7%]) had a fatal or nonfatal stroke. The incidence of stroke increased significantly by quartiles of serum uric acid levels (P < .001). High uric acid level (above the median value of > 295 micromol/L) was significantly associated with the risk of fatal and nonfatal stroke by Cox regression analysis (hazard ratio, 1.93 [1.30 to 2.86]; P=.001). This association remained statistically significant even after adjustment for all cardiovascular risk factors (hazard ratio, 1.91 [1.24 to 2.94]; P=.003). CONCLUSIONS: Our results indicate that hyperuricemia is a strong predictor of stroke events in middleaged patients with NIDDM independently of other cardiovascular risk factors.

Seminars in Vascular Medicine 2004; 4: 287-303 DOI: 10.1055/s-2004-861497 **Cerebrovascular Risk Factors and Clinical Classification of Strokes** Antonio Pinto1 M.D., Antonino Tuttolomondo1 M.D., Domenico Di Raimondo1 M.D., Paola Fernandez1 M.D., Giuseppe Licata1 M.D. 1 Department of Internal Medicine and Cardioangiology, University of Palermo, Palermo, Italy ABSTRACT Cerebrovascular risk represents a progressive and evolving concept owing to the particular distribution of risk factors in patients with ischemic stroke and in light of the newest stroke subtype classifications that account for pathophysiological, instrumental, and clinical criteria. Age represents the strongest nonmodifiable risk factor associated with ischemic stroke, while hypertension constitutes the most important modifiable cerebrovascular risk factor, confirmed by a host of epidemiological data and by more recent intervention trials of primary (HOT, Syst-Eur, LIFE) and secondary (PROGRESS) prevention of stroke in hypertensive patients. To be sure, a curious relationship exists between stroke and diabetes. Although the Framingham Study, The Honolulu Heart Program, and a series of Finnish studies reported a linear relationship between improved glucose metabolism and cerebral

ischemia, the clinical and prognostic profile of diabetic patients with ischemic stroke remains to be fully Our group, on the basis of TOAST classification - a diagnostic classification of ischemic understood. stroke developed in 1993 that distinguishes five different clinical subtypes of ischemic stroke: large-artery atherosclerosis (LAAS), cardioembolic infarct (CEI), lacunar infarct (LAC), stroke of other determined origin (ODE), and stroke of undetermined origin (UDE), and now extensively used in clinical and scientific context - analysed the prevalence of cerebrovascular risk factors and the distribution of TOAST subtypes in more 300 patients with acute ischemic stroke in two consecutives studies that reported the significant association between diabetes and the lacunar subtype and a better clinical outcome for diabetic patients, most likely related to the higher prevalence of the lacunar subtype. Well-confirmed are the roles of cigarette smoking, atrial fibrillation, and asymptomatic carotid stenosis as cerebrovascular risk factors. Particularly interesting seems to be the function of inflammation markers (CRP, TNF-, IL-1, ISPs) as potential risk factors. Still elusive remains the association between cholesterol serum levels and stroke, on the basis of the epidemiological data regarding this causative relationship, confirmed only by the results of intervention trials (4S, LIPID, CARE, HPS, ASCOT). Ultimately, cerebrovascular risk appears peculiar owing to the unique relationship between some modifiable risk factors (mainly diabetes and cholesterol) and the possible preferential association with stroke subtypes and specific cerebrovascular risks.

----- Delivery

Cervical Length and Preterm Labor [Clinical Problem Of Preterm Labor] COLOMBO, DAVID F. MD; IAMS, JAY D. MD The Ohio State University Medical Center, Columbus, Ohio

Cervical Length and Preterm Labor. Clinical Obstetrics & Gynecology. 43(4):735-745, December 2000. *COLOMBO, DAVID F. MD; IAMS, JAY D. MD*

Cervical Length as a Predictor of Preterm Delivery

The estimated probability of preterm delivery from logistic-regression analysis and the observed frequency of preterm birth according to cervical length at 24 weeks is shown in Figure 3.

Maternal and Child Health Journal Special Issue; Safe Motherhood ... We assessed risk factors for selfreports of being very depressed in the months after **delivery using logistic regression**. Results: Overall, 5.9% (95% CI ... www.cdc.gov/reproductivehealth/

MaternalInfantHealth/related/MCHspecjournal_SM.htm - 38k - Cached - Similar pages

Safe Motherhood in the United States Source: *MCHJFB* 6(4) 215–272 (2002).

http://www.kluweronline.com/issn/1092-7875/contents* Introductory Commentary: Pregnancy and Women's Lives in the Twenty-First Century: The United States Safe Motherhood Movement Lynne S. Wilcox, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention Safe Motherhood in the United States: Challenges for Surveillance Trude A. Bennett, Department of Maternal and Child Health, School of Public Health, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina Melissa M. Adams, Department of Maternal and Child Health, School of Public Health, School of Public Health, The University of Alabama at Birmingham

bjective: This study identified correlates of self-reports of being very depressed in the months after delivery in a population-based sample of women. *Methods:* We analyzed data on 14,609 recent mothers from the Centers for Disease Control and Prevention's (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS). The sample included mothers who delivered a live birth in Colorado, New York State, and North Carolina from 1996 (New York only) to 1999. We assessed risk factors for self-reports of being very depressed in the months after delivery using logistic regression.

Matern Child Health J. 2002 Dec;6(4):247-53. Related Articles, Links **Correlates of self-reports of** being very depressed in the months after delivery: results from the Pregnancy Risk Assessment **Monitoring System.** Gross KH, Wells CS, Radigan-Garcia A, Dietz PM. Human and Environmental Sciences, Department of Child Development and Family Relations, East Carolina University, 150 Rivers Building, Greenville, North Carolina 27858-4353, USA. grossk@mail.ecu.edu OBJECTIVE: This study identified correlates of self-reports of being very depressed in the months after delivery in a population-based sample of women. METHODS: We analyzed data on 14,609 recent mothers from the Centers for Disease Control and Prevention's (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS). The sample included mothers who delivered a live birth in Colorado, New York State, and North Carolina from 1996 (New York only) to 1999. We assessed risk factors for self-reports of being very depressed in the months after delivery using logistic regression. RESULTS: Overall, 5.9% (95% CI = 5.3, 6.4) of new mothers reported being very depressed in the months after delivery. Women who reported that their pregnancy was a "very hard time" or "one of the worst times of my life" had the highest prevalence of reporting being very depressed in the months after delivery (24.9%, 95% CI = 21.3, 28.5) and, when all risk factors were adjusted for simultaneously, were 4.6 times (95% CI = 3.1, 6.3) more likely to report being very depressed in the months after delivery than other women. Other significant risk factors for self-reports of being very depressed in the months after delivery included experiencing partner-associated stress (OR = 1.9, 95% CI = 1.5, 2.5), physical abuse during pregnancy (OR = 1.6, 95% CI = 1.1, 2.4), and not breast-feeding (OR = 1.4, 95% CI = 1.1, 1.8). CONCLUSIONS: The highest prevalence for self-reports of being very depressed in the months after delivery was in women who reported that their pregnancy was a "very hard time" or "one of the worst times of my life." Clinicians need to be aware of the needs of some women for mental health services both during and after pregnancy.

(Stroke. 1998;29:1850-1853.) © 1998 American Heart Association, Inc. Original
Contributions Blood Pressure and Functional Recovery in Acute Ischemic Stroke A. Chamorro, MD; N. Vila, MD; C. Ascaso, PhD; E. Elices, MD; W. Schonewille, MD; ; R. Blanc, MD From the Neurology Service/IDIBAPS (A.C., N.V., E.E., W.S., R.B.) and Department of Epidemiology and Biostatistics (C.A.), Hospital Clínic, Barcelona, Spain.

Table 3. Independent Predictors of Early Complete Recovery Using Logistic Regression Analysis

Biological Conservation 119 (2004) 279-285

Nature-based tourism impacts on yellow-eyed penguins Megadyptes antipodes: does unregulated visitor access affect fledging weight and juvenile survival?

Maureen R. McClung 1, Philip J. Seddon *, M. Massaro, A.N. Setiawan

Department of Zoology, University of Otago, P.O. Box 56, Dunedin, New Zealand Received 8 August 2003; received in revised form 13 November 2003; accepted 17 November 2003

Analysis of the relationship between fledging weight and the **probability of recovery using logistic regression** indicated that the observed data fit the regression model better when fledging weight and a constant were considered in predicting recovery. The estimated coefficients for fledging weight (b 1/4 0:51) and the constant (a 1/4 3:64) were both valuable to the model, as indicated

http://www.bio-rad.com/LifeScience/pdf/Bulletin_2861.pdf **Bio-PlexTMsuspension array system** tech note 2861 Principles of Curve Fitting for Multiplex Sandwich Immunoassays

Diana Davis, PhD, Aiguo Zhang, PhD, Chloe Etienne, Ivan Huang, and Michele Malit, Bio-Rad Laboratories, Inc., 2000 Alfred Nobel Drive, Hercules, CA 94547 USA **Introduction** Bio-PlexTM cytokine assays are bead-based multiplex

linear regression (R2 = 0.9996), while the green bars indicate the range of concentrations showing 70–130% recovery using logistic regression. The dynamic range using linear regression is narrower than that achieved using logistic regression. From a practical perspective, logistic

G Ital Med Lav Erg 2004; 26:2, 83-89 © PI-ME, Pavia 2004 www.gimle.fsm.it
P. Carta1, G. Aru1, C. Cadeddu1, G. Gigli1, G. Papi2, F. Carta2, P. Nurchis3
Mortality for Pancreatic Cancer Among Aluminium Smelter Workers
in Sardinia, Italy
1 Department of Public Health - Section of Occupational Medicine, University of Cagliari, Italy

Table IV. Nested case-control study: best-fit model for pancreatic cancer deaths from logistic regression (pancreatic cancer cases N° 6, matched controls N° 72)

Prognostic Models for Colorectal Cancer Patients

The goal of this project is to build a robust prognostic model that will predict length of survival for patients with colorectal cancer. Techniques employed for this purpose include Neural Networks, Case-based reasoning (CBR), Cox's Regression and Regression Tree Induction. Accomplishments have been the development of **point estimates of survival from Cox's regression** to allow direct comparison of Artificial Intelfigence techniques with Cox's results and the development of techniques for building more perspicuous models that are intuitive to medical practitioners.

http://delivery.acm.org/10.1145/960000/956059/p15-

anand.pdf?key1=956059&key2=4323885211&coll=GUIDE&dl=GUIDE&CFID=52169352&CFTOKEN=1 4804840

Epidemiology: Volume 11(5) September 2000 pp 502-511Effect of Air Pollution on Preterm Birth
Among Children Born in Southern California Between 1989 and 1993Ritz, Beatel 2; Yu, Fei3;
Chapa, Guadalupe4; Fruin, Scott4 5

We evaluated the effect of ambient air pollution on preterm birth using logistic regression models for the dichotomous outcome and linear regression models for a continuous outcome, respectively.

Human Reproduction, Vol. 14, No. 12, 2974-2979, December 1999 © 1999 European Society of Human Reproduction and Embryology The prognostic value of anti-paternal antibodies and leukocyte immunizations on the proportion of live births in couples with consecutive recurrent miscarriages Shlomit Orgad1,4, Ron Loewenthal1, Ephraim Gazit1, Siegal Sadetzki2, Ilya Novikov2 and Howard Carp3 1 Division of Transplantation Immunology, Tissue Typing Laboratory, 2 Department of Clinical Epidemiology and 3 Department of Obstetrics and Gynecology, Sheba Medical Center, Tel Hashomer 52621 and Department of Embryology, Tel Aviv University, Israel

Table V summarizes the net effect of the predictive variables for a live birth using logistic regression.