



HHS Public Access

Author manuscript

Crit Care Med. Author manuscript; available in PMC 2020 July 01.

Published in final edited form as:

Crit Care Med. 2019 July ; 47(7): e612. doi:10.1097/CCM.0000000000003786.

Re: ONE SIZE DOES NOT FIT ALL – The Implications of Using BMI in Critical Care Outcomes Research.

Lucas Bulgarelli, BSc^{‡,1,2,3}, Rodrigo Octavio Deliberato, MD, PhD^{‡,1,2,3}, David J Stone, MD^{‡,3,4}, Leo Anthony Celi, MD, MPH^{‡,3,5}, Alistair EW Johnson, DPhil^{‡,3}

¹Big Data Analytics Department, Hospital Israelita Albert Einstein, São Paulo, Brazil

²Laboratory for Critical Care Research, Critical Care Department, Hospital Israelita Albert Einstein, São Paulo, Brazil

³MIT Critical Data, Laboratory for Computational Physiology, Harvard-MIT Health Sciences & Technology, MIT, Cambridge, MA, USA

⁴Departments of Anesthesiology and Neurosurgery, University of Virginia School of Medicine, Charlottesville, VA

⁵Division of Pulmonary, Critical Care and Sleep Medicine, Beth Israel Deaconess Medical Center, Boston, MA, USA

Keywords

body mass index, severity of illness score; outcome; obesity; hospital mortality

Dear Editor,

It is with pleasure that we receive the comments from Patel et al. (1) about our recently published article (2). We agree with the authors that Body Mass Index (BMI) might not be the best categorization of obesity for all purposes. However, we believe it is incorrect to state this is a fatal flaw in ours or any study, as on average, BMI across populations correlates with more precise measures of body fat (3). In fact, that represents the reason why clinicians have adopted BMI as the standard approximation for obesity in their daily clinical practice.

While more granular measures of obesity and further investigations of their impact in severity scoring may prove to be of great value, it would be impractical to apply such obesity phenotypes in this kind of initial assessment, as it would neither reflect current clinical practice, nor represent obtainable data for this purpose.

Our study answered a commonly asked question among intensive care physicians, utilizing a substantial amount of data to corroborate the findings. Nevertheless, we also believe that a broader and more detailed analysis of the clinical impact of obesity measures in decision

Correspondence: Lucas Bulgarelli, 77 Massachusetts Ave, E25-505, Cambridge, MA02139, USA., lucas1@mit.edu.

[‡]Authors contributed equally

Conflict of Interests Disclosures: Nothing to declare

support for clinically ill patients would be a great addition to the literature and we look forward to future publications on that subject.

Acknowledgments

Copyright form disclosure: Drs. Celi and Johnson received support for article research from the National Institutes of Health. The remaining authors have disclosed that they do not have any potential conflicts of interest.

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