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Reply to Ferrer et al.: propensity scores in intensive care literature

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Table 1 Characteristics of propensity score development of the three techniques (including the Ferrer et al. article [3])

	All	Matching	Adjustment	Stratification
No. of articles	48 (100)	26 (54)	10 (21)	12 (25)
No. of patients	2,199 [502–5,385]	2,273 [586–9,340]	640 [304–1,212]	3,668 [824–5,838]
Covariates included in the propensity score model				
Number	16 [9–22]	18 [14–32]	10 [5–16]	12 [8–13]
No. of treated patients per covariate included in the model	20 [10–69]	20 [10–57]	15 [5–31]	25 [16–151]
Event/variable ratio <10	11 (31)	6 (33)	3 (33)	2 (22)
Names precised	37 (79)	18 (72)	10 (91)	8 (80)
Choice discussed	26 (54)	12 (46)	6 (55)	7 (70)
Type of endpoint				
Binary endpoint	34 (71)	18 (69)	9 (82)	6 (60)
Censored endpoint	11 (23)	6 (23)	2 (18)	3 (30)
Continuous endpoint	3 (6)	2 (8)	0 (0)	1 (10)

Dear Editor,

We thank Ferrer et al. [1] for their critical reading of our review. Concerning their first comment regarding the Wisnivesky et al. [2] article, the reference was found on the PubMed database in 2009 as an e-publication. This explains why it was included in our review.

With regard to the Ferrer et al. [3] article, despite the double-checked research in PubMed in January 2010, we missed it and did not include it in our review. We apologize for this oversight. New analysis, including the additional paper, was performed and led to very minimal changes (Table 1).

References

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