

To the Editor:

In their paper “Trained Lay First Responders Reduce Trauma Mortality: A Controlled Study of Rural Trauma in Iraq”<sup>1</sup> Mudhafar K Murad and Hans Husum are publishing a follow-up study of previously published findings from our mutual patient material,<sup>2</sup> but now added two years of observation time. The first study,<sup>2</sup> however, is not cited in the paper. Instead, Murad and Husum are citing a study said to be published by themselves (Murad M, Husum H: What makes a survivor? Ten-year results from a prehospital trauma system in Iraq. *Bull World Health Org* 2010). This study is not retrievable in any electronic indices. Could you please provide the complete reference?

Anyway, their findings of the positive effects of lay first responders can be confirmed in the previous material,<sup>2</sup> and are important for trauma victims in low- and middle income countries.

One of the cornerstones of the present and previous studies is the physiological assessment of trauma victim’s clinical condition at the site of injury and at hospital admission. Both studies are employing a simplified version of the Revised Trauma Score<sup>3</sup> as described in previous studies<sup>4,5</sup>. However the authors have this time changed the cut-off values for the individual categories in the score.

In the 1997–2004 material previously published<sup>2</sup> we used the following categories for respiratory rate and systolic blood pressure:

Points	4	3	2	1	0
Respiratory rate	10–24	25–35	>35	<10	0
Systolic Blood Pressure	>90	70–90	50–69	<50	0

The authors now report to have used:

Respiratory rate	10–30	>30	6–9	1–5	0
Systolic Blood Pressure	>90	76–89	50–75	<50	0

One of us (TW) registered most of the data used from the period 1997–2004, and knows positively that the paramedics and lay first responders are reporting only points within categories and not exact values. Therefore it is impossible to recalculate points and thus the score. How did the authors compare 1997–2004 with 2005–2006 when categories were changed? Are the two cohorts of the material really comparable?

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4. Husum H, Gilbert M, Wisborg T, Heng YV, Murad M. Rural prehospital trauma systems improve trauma outcome in low-income countries: a prospective study from North Iraq and Cambodia. *J Trauma* 2003; 54: 1188–96.
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