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ANESTHESIOLOGY





ON THE COVER:

Diagnostic codes listed in health administrative (HA) databases are now commonly used to identify surgical patients with obstructive sleep apnea (OSA) for research purposes, yet the ability of this approach to accurately identify patients has not been validated. In this issue of ANESTHESIOLOGY, McIsaac et al. determined the presence of any diagnostic codes, diagnostic procedures, or therapeutic interventions consistent with OSA in an HA database and demonstrated that their presence correlated poorly with an actual diagnosis of OSA made by a sleep physician or the apnea hypopnea index. In an accompanying Editorial View, Neuman emphasizes the critical need for this type of well-done validation study in perioperative database research for guiding the questions that we choose to investigate with retrospective data and for making sense of the insights we can gain through HA database research.

- McIsaac et al.: Identifying Obstructive Sleep Apnea in Administrative Data: A Study of Diagnostic Accuracy, p. 253
- Neuman: The Importance of Validation Studies in Perioperative Database Research, p. 243

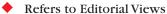
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◇◆ Identifying Obstructive Sleep Apnea in Administrative Data: A Study of Diagnostic Accuracy D. I. McIsaac, A. Gershon, D. Wijeysundera, G. L. Bryson, N. Badner, and C. van Walraven

In approximately 5,000 patients who underwent preoperative polysomnography, 56% met criteria for a diagnosis of obstructive sleep apnea (OSA). In these patients with known or excluded OSA, none of the health administrative diagnostic codes, diagnostic procedures, or therapeutic interventions by themselves or in combination identified OSA with adequately high sensitivity and specificity. Existing studies using administrative codes to identify OSA should be interpreted with caution.



Refers to This Month in Anesthesiology





See Supplemental Digital Content



•	N-terminal pro-B-type Natriuretic Peptides' Prognostic Utility Is Overestimated in Meta-analyses Using Study-specific Optimal Diagnostic Thresholds D. Potgieter, D. Simmers, L. Ryan, B. M. Biccard, G. A. Lurati-Buse, D. M. Cardinale, C. P. W. Chong, M. Cnotliwy, S. I. Farzi, R. J. Jankovic, W. Kwang Lim, E. Mahla, R. Manikandan, A. Oscarsson, M. P. Phy, S. Rajagopalan, W. J. Van Gaal, M. Waliszek, and R. N. Rodseth	264
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◇◆ ⊕	Hyperinsulinemic Normoglycemia Does Not Meaningfully Improve Myocardial Performance during Cardiac Surgery: A Randomized Trial A. E. Duncan, B. Kateby Kashy, S. Sarwar, A. Singh, O. Stenina-Adognravi, S. Christoffersen, A. Alfirevic, S. Sale, D. Yang, J. D. Thomas, M. Gillinov, and D. I. Sessler	272
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◇ ●	Association between Withholding Angiotensin Receptor Blockers in the Early Postoperative Period and 30-day Mortality: A Cohort Study of the Veterans Affairs Healthcare System S. M. Lee, S. Takemoto, and A. W. Wallace	288
	In a review of over 30,000 inpatient surgical admissions of patients taking angiotensin receptor blockers (ARBs) in the Veterans Affairs Healthcare system between 1991 and 2011, ARBs were not resumed by day 2 after surgery in one third of subjects. Thirty-day mortality was increased approximately 50% in those without resumption of ARBs, and this effect was even greater in patients younger than 60 yr. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	
\Diamond	Association between Intraoperative Hypotension and Hypertension and 30-day Postoperative Mortality in Noncardiac Surgery T. G. Monk, M. R. Bronsert, W. G. Henderson, M. P. Mangione, S. T. J. Sum-Ping, D. R. Bentt, J. D. Nguyen, J. S. Richman, R. A. Meguid, and K. E. Hammermeister	307
	In a review of more than 18,000 patients undergoing noncardiac surgery within the Veterans Administration Hospital system, application of three definitions of blood pressure deviation based on the population and individual patient level data showed that hypotension but not hypertension was associated with increased 30-day mortality.	
	A Perioperative Course of Gabapentin Does Not Produce a Clinically Meaningful Improvement in Analgesia after Cesarean Delivery: A Randomized Controlled Trial D. T. Monks, D. W. Hoppe, K. Downey, V. Shah, P. Bernstein, and J. C. A. Carvalho	320
	In 197 women randomized to receive gabapentin, 600 mg before cesarean delivery and 200 mg every 8 h for 2 days postoperatively or placebo, there was a statistically significant but clinically unimportant difference in pain with movement 24 h after surgery. Sedation was greater in women treated with gabapentin.	
	Assessment of Cerebral Autoregulation Patterns with Near-infrared Spectroscopy during Pharmacological-induced Pressure Changes A. T. Moerman, V. M. Vanbiervliet, A. Van Wesemael, S. M. Bouchez, P. F. Wouters, and S. G. De Hert	327
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#	Sphingosine 1-phosphate Receptor 2 Signaling Suppresses Macrophage Phagocytosis and Impairs Host Defense against Sepsis J. Hou, Q. Chen, K. Zhang, B. Cheng, G. Xie, X. Wu, C. Luo, L. Chen, H. Liu, B. Zhao, K. Dai, and X. Fang	409
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