



Geriatrician assessment and immortal time bias in the FiTR 2 study

We read with great interest the Article by Philip Braude and colleagues¹ about the application of a geriatrician assessment in multiple trauma centres in England. Investigating the possible benefits of a geriatrician assessment in a broader field than just geriatric care has the potential to give an insight on how to improve health care for older people in a world with an ageing population.

In the Article,¹ the authors conclude that the performance of a geriatrician assessment is associated with a lower mortality in older people. However, the authors did not clearly define geriatrician assessment, and the study was performed in multiple centres. Could it be possible that some patients received a comprehensive geriatrician assessment whereas others were only screened for frailty? If so, was there a difference in outcome? Moreover, there is no information available on the altered care given to the patient after geriatrician assessment. We believe that the answers to both questions are important to correctly interpret the findings of the FiTR 2 trial.

Moreover, when looking at the Kaplan-Meier curves,¹ the difference in survival between the two groups is clear, but made in the first few days after geriatrician assessment. Could it be possible that bias was introduced in patients that did or did not receive a geriatrician assessment? We wonder if the difference in survival between the two groups (geriatrician assessment vs non-geriatrician assessment) might be caused by performing assessments at the weekend, assuming geriatrician assessments are performed more routinely during the week. It is known that the mortality during weekends is higher than that during the week,² which might also explain the Kaplan-Meier curve. Can the authors

share data on the performance of geriatrician assessment on weekends versus weekdays?

MWFvdH reports honoraria from Astellas, Astra-Zeneca, Chiesi, GSK, Mundipharma, Novonordisk, Sanofi Genzyme, and Vifor; and research grants from Astellas and Novartis. SLvD and JAG declare no competing interests.

Copyright © 2022 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license.

*Sarah L van Dalen,
Jeannette A Goudzwaard,
Martijn W F van den Hoogan
s.vandalen@erasmusmc.nl

Department of Internal Medicine, Erasmus University Medical Center, Rotterdam 3015 GD, Netherlands (SLvD, JAG, MWFvdH)

- 1 Braude P, Short R, Bouamra O, et al. A national study of 23 major trauma centres to investigate the effect of a geriatrician assessment on clinical outcomes in older people admitted with serious injury in England (FiTR 2): a multicentre observational cohort study. *Lancet Healthy Longevity* 2022; **3**: e549–57.
- 2 Honeyford K, Cecil E, Lo M, Bottle A, Aylin P. The weekend effect: does hospital mortality differ by day of the week? A systematic review and meta-analysis. *BMC Health Serv Res* 2018; **18**: 870.