

141. 偶然と必然の境目

From MY point of view

- 閾値を設定する → その臨床的意義とは??
- 設定した閾値を超えるか超えないかを客観的に示してくれるもの。それが統計学

問1 これからあなたはじゃんけんをします。何回連続で負けたら「相手がインチキをしている」と確信を持ちますか？

()回

問2 以下に“プラセボ群では治療効果 40%および介入群では治療効果 60%が示された”臨床試験のデータがあります。あなたが「介入群は効果がある」と確信するのは A から F のどのボーダーラインより下ですか？

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プラセボ群		介入群	
効果あり	効果なし	効果あり	効果なし
2 人	3 人	3 人	2 人
-----A-----			
4 人	6 人	6 人	4 人
-----B-----			
10 人	15 人	15 人	10 人
-----C-----			
20 人	30 人	30 人	20 人
-----D-----			
40 人	60 人	60 人	40 人
-----E-----			
100 人	150 人	150 人	100 人
-----F-----			
2000 人	3000 人	3000 人	2000 人

- 1
- 0.656
- 0.258
- 0.0713
- 0.00706
- 0.000011
- 2.13e-89

「閾値を設定する」

→その臨床的意義とは??

→設定した閾値を超えるか超えないかを客観的に示してくれるもの。それが統計学。

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SHORT COMMUNICATION



Impact of age on postoperative complication rates among elderly patients with hip fracture: a retrospective matched study

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Abstract

This study was performed to assess the impact of age of ≥ 90 years on predicting postoperative complications. We retrospectively identified all patients aged ≥ 65 years who underwent surgical repair of hip fractures over a 4.5-year period in our hospital. In total, 261 patients were identified (mean age, 86.2 ± 6.8 years). Ninety-one patients were aged ≥ 90 years (oldest-old group), and the remaining 170 were aged < 89 years (control old group). Postoperative complications developed in 54 of 261 patients (20.7%). The oldest-old group had a significantly higher proportion of patients with a Japanese long-term care insurance need level and trochanteric fracture than the control group. Spinal anesthesia was more frequently performed in the oldest-old group. After propensity adjustment for these characteristics, postoperative complication rates in the oldest-old group remained significantly higher than those in the matched control group (odds ratio (OR) 2.76, 95% confidence interval (95% CI) 1.24–6.49; $P=0.011$). Major complications also developed more frequently in the oldest-old group than control group (OR 9.78, 95% CI 1.31–4.36; $P=0.018$). Anesthesiologists and surgeons should pay attention to potential complications following hip fracture surgery for patients aged ≥ 90 years regardless of American Society of Anesthesiologists class or social dependency.

Keywords Preoperative evaluation · Postoperative risk · Nonagenarian · Centenarian · Long-term care insurance