

Evaluation of jugular venous pressure in suspected heart failure: does it matter in 2012?

Sir,
Even in the modern era documentation of raised jugular venous pressure enhances the evaluation of suspected cardiac failure, as shown by a prospective study of 721 adults of mean age 70.7 years in whom an elevated jugular venous pressure contributed 12 points towards the score of >54 needed to generate a >70% probability of heart failure (Kelder et al, 2011). The combination of three items from the clinical history plus six (including jugular venous pressure elevation) from the physical examination showed independent diagnostic value (c-statistic 0.83), which increased to a c-statistic of 0.86 with the addition of natriuretic peptide measurement to the diagnostic armamentarium.

Jugular venous pressure elevation also has prognostic value in that it is associated with increased risk of subsequent hospitalization for heart failure (relative risk=1.32; 95% confidence interval=1.08-1.62; P<0.01) (Drazner et al, 2001).

However, measurement of jugular venous pressure could be made simpler, for example by making the patient sit bolt upright when this parameter is evaluated. This was the case in a study where a deep venous column visibly distended above the right clavicle (with the patient sitting bolt upright) had a sensitivity of 65% and specificity of 85% to identify truly elevated venous pressure. In that study the reference standard for central venous pressure was right atrial pressure documented by cardiac catheterization (Sinisalo et al, 2007).

Oscar Jobbe
Retired Geriatrician
c/o John Rylands University Library
Manchester M13 9PP

Drazner MH, Rame JE, Stevenson LW, Dries DL (2001) Prognostic importance of elevated

jugular venous pressure and a third heart sound in patients with heart failure. N Engl J Med 345: 574-81

Kelder JC, Cramer MJ, van Wijngaarden J et al (2011) The diagnostic value of physical examination and additional testing in primary care patients with suspected heart failure. Circulation 124: 2865-73

Sinisalo J, Rapola J, Rossinen J, Kupari M (2007) Simplifying the estimation of jugular venous pressure. Am J Cardiol 100: 1779-81

Corrections

In the abstract Evaluation of the evidence behind cervical spine immobilization in a pre-hospital setting: current controversies (vol 73(1), 2012, p. 53) the authors' details were transposed - Nirav Gandhi is a 4th year medical student and Haren Wijesinghe is a 3rd year medical student. We apologize for any confusion caused.

In the article Presenting in the orthopaedic trauma meeting (vol 73(1), 2012, p. C6) should have said that patients should undergo their operation within 36 hours. We apologize for any confusion caused.

Correspondence

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Professor Rob Miller
Editor-in-Chief, BJHM
c/o Rebecca Linssen, MA Healthcare
St Jude's Church
Dulwich Road
London SE24 0PB

email: rebecca.linssen@markallengroup.com
fax: 020 7978 8316

