EMA Emergency Medicine Australasia

Emergency Medicine Australasia (2016) **28,** 121–122

LETTERS TO THE EDITOR

Looking for the remedies

Dear Editor,
I read with interest the article recently published in your journal on 'reference rot'.[1] A similar study was conducted in 2007, analysing references to URLs in the *Annals of Emergency Medicine*.[2] The findings of the study showed an increasing trend in citing URLs throughout the 3 years of the study, in parallel with a sharp decline in their accessibility. The fraction of references to URLs inaccessible was 78%, 56%, and 45% in 2000, 2003, and 2005, respectively.[2] This phenomenon was also observed in other studies in journals in the field of general medicine.[3] Reference rot is a problem inherent in the constantly changing essence of the Internet; you cannot be completely certain that the content of a Web page is there to stay forever. There have been some suggestions to either discourage authors from citing URLs or urging them to keep a copy of the contents of the URLs cited. Nevertheless, considering the increasing trend in publishing a large pile of data online, none of these suggestions seem to be reasonable. However, there have been some efforts to archive the contents of the Web pages of interest. Despite some doubts over the reliability of these archiving systems, they remain to be the only option available at the time being for this problem, and we have to use them *faute de mieux*.[4]

Competing interests

None declared.

References

1. O'Connor C, O'Connor A. 'Reference rot': a developing problem in *Emergency Medicine Australasia*. *Emerg. Med. Australas.* 2015; **27**: 494.
2. Thorp AW, Brown L. Accessibility of Internet references in *Annals of Emergency Medicine*: is it time to require archiving? *Ann. Emerg. Med.* 2007; **50**: 188–92, 192.e1-33.
3. Habibzadeh P. Decay of references to Web sites in articles published in general medical journals: mainstream vs small journals. *Appl. Clin. Informat.* 2013; **4**: 455–64.
4. Habibzadeh P. Are current archiving systems reliable enough? *Int. Urogynecol. J.* 2015; **26**: 1553.

Parham HABIBZADEH
Student Research Committee,
Shiraz University of Medical Sciences, Shiraz, Iran
doi: 10.1111/1742-6723.12517

High-flow nasal oxygen and standard oxygen in the emergency department: Clarifying comparison

Dear Editor,
The article by Bell *et al.*[1] in the last issue of *Emergency Medicine Australasia* deals with a particularly current topic: humidified high-flow nasal cannulae versus standard oxygen in the ED. Indeed, a new device called the humidified high-flow nasal cannula (HHFNC) has recently been proposed for treating acute respiratory failure as an alternative to standard oxygen therapy.[2]

However, there are several points in the article that we believe warrant attention.

The first regards use of the term 'work of breathing' (WOB). The stated aim of the study is to determine whether HHFNC reduces the WOB. However, later on in the text only respiratory rate (RR) is mentioned. As it is not reported, we can only surmise that oesophageal pressure (Pes) was not measured to calculate WOB. Therefore, it would have been more appropriate to speak only of RR instead of the WOB. In actual fact, in spontaneously breathing patients, work measurement requires an estimate of pleural pressure, achieved by monitoring oesophageal pressure.[3]

The second point refers to the initial assessment of the patients and enrolment criteria. The authors state that 'patients presenting with shortness of breath who had both a RR >25 breaths per minute and oxygen saturations <93%' were enrolled. Because no arterial blood gas analysis was performed, it is unclear how the authors were able to 'feel' that non-invasive or invasive ventilation was or was not immediately indicated and, consequently, how decisions on inclusion or exclusion were made. This appears to be relevant not only in terms of the purpose of the study but also from a clinical point of view. In fact, the exact same guidelines for emergency oxygen use mentioned in the article state that 'all patients at risk of hypercapnic