

## COMMENTARY

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# Comment on “Seasonal variation of clinical characteristics and prognostic of adult patients admitted to an intensive care unit”

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Dear Editor,

We read with great interest the study by Galvao, G<sup>1</sup> and colleagues in which they demonstrated that summer months presented a higher proportion of clinical and emergency surgery patients with higher mortality rates and sepsis at intensive care unit admission did not show seasonal behavior. A seasonal pattern was found for the mortality rate. the negative cholesterol profile was mainly related to antiretroviral treatment time and was especially associated with time for HIV infection in those with lipodystrophy self-reported. This study offers a new strategy for improving antiretroviral treatment in adults living with and without virus infection. However, some concerns should be raised in my opinion.

To begin with, there are many reasons for the higher mortality rates of adult patients admitted to an intensive care unit. Thus, the author should explore the reason why summer months presented a higher proportion of clinical and emergency surgery patients, with higher mortality rates. A reasonable explanation is also recommended to explain this phenomenon.

Secondly, Figure 4 shows that the death rate is higher from 2014 to 2015, and then the death rate is decreasing with years. We speculate that the death rate may be associated with the medical technology of the intensive care unit (ICU) for adult patients of the University Hospital of the State University of Londrina.

## REFERENCE

1. Galvão G, Mezzaroba AL, Morakami F, Capeletti M, Franco Filho O, Tanita M, et al. Seasonal variation of clinical characteristics and prognostic of adult patients admitted to an intensive care unit. *Rev Assoc Med Bras* (1992). 2019;65(11):1374-83. <https://doi.org/10.1590/1806-9282.65.11.1374>

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