
Dear Sir,

The additional information that this study [1] adds regarding the utility of vascular tests is helpful. We also found the authors’ construct of a Venn diagram (see their figure 1) describing the possible overlap between vascular pathophysiology, objective tests and clinical symptoms to be thought provoking. We therefore welcome the opportunity to share our own ideas on the nature of these relationships.

We feel that it is unlikely that there are subjects who have clinical symptoms but neither vascular pathophysiology nor abnormal objective test results. To have appropriately diagnosed vascular hand–arm vibration syndrome implies the presence of vascular pathophysiology, which may or may not be demonstrable by testing. We propose the following model (Figure 1) to aid further consideration of the diagnosis and investigation of the vascular component of hand–arm vibration syndrome. The proportions of subjects within each set of the diagram will vary by study population and the sensitivity and specificity of the objective test employed, as will the proportion in the overlapping regions. Additionally, we believe the same model could be applied to the sensorineural effects of hand–arm vibration syndrome. The purpose of such models is that they may aid comparisons between differing study populations and help interested parties to conceptualize the relationships between the signs and symptoms of a disease and the underlying disease process.

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Figure 1. Diagnosis and investigation of vascular HAVS.
Reference