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### LETTER TO THE EDITOR

# Version 2.0 of the international spinal cord injury endocrinology and metabolic function basic data set

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This letter to the Editor is to inform the readers of *Spinal Cord* regarding the changes made to The International Spinal Cord Injury Endocrinology and Metabolic Function Basic Data Set in its version 2.0. The changes are carried out on the basis of previously published version 1.0,<sup>1</sup> and version 1.2.<sup>2</sup> All versions to be found on International Spinal Cord Society website: http://www.iscos.org.uk/international-sci-endocrine-and-metabolic-function-data-sets.

To be consistent with more updated International Spinal Cord Injury (SCI) data sets, 'Unknown' has been inserted in the data collection form (appendix) for variables at 17 sites in the text: date of data collection; endocrine and metabolic conditions diagnosed before spinal cord lesion (collected once); endocrine and metabolic conditions diagnosed after the spinal cord lesion within the last year; gonadal status; height (or length) and weight; fasting serum lipid profile performed within the past year.

For the sake of consistency, a checkbox  $\square$  has been inserted before Osteoporosis in the data collection form for the two variables: endocrine and metabolic conditions diagnosed before spinal cord lesion (collected once); endocrine and metabolic conditions diagnosed after the spinal cord lesion within the last year.

The remark: 'If information was obtained other than from the medical record, please specify source' has been removed from the text and the data collection form for two variables: endocrine and metabolic conditions diagnosed before spinal cord lesion (collected once); endocrine and metabolic conditions diagnosed after the spinal cord lesion within the last year. This change has been made because the International SCI data sets are now more commonly included in the electronic medical records.

In the comments to the variable, endocrine and metabolic conditions diagnosed after the spinal cord lesion within the last year, the following text has been substituted 'Therefore, if osteoporosis is diagnosed according to accepted guidelines, the method used must be DXA, or if presumptively diagnosed from methods that are not validated to make the diagnosis of osteoporosis, or performed by qualitative methods, this would be designated as Other methods (e.g., CT, radiograph).<sup>3</sup> for the prior text 'from methods that are not validated to make the diagnosis of osteoporosis, or performed by qualitative methods, this would be designated as...'.

In the variable gonadal status there is 'adult' inserted both in the variable codes and the data collection form before menopausal and postmenopausal: adult menopausal, adult postmenopausal.

Two new variables on alcohol consumption have been added: How often do you have a drink containing alcohol?

How often do you have five or more drinks on one occasion?

The reason is that a gap has been recognized in the International SCI data sets that this information is not available. Excessive alcohol consumption may be associated with several metabolic and/or endocrine derangements, including hypoglycemia, dyslipidemia, osteoporosis, hypogonadism and hypercortisolism. The questions are from the Alcohol Use Disorders Identification Test - http://www.who.int/substance abuse/activities/sbi/en/.<sup>4</sup>

#### CONFLICT OF INTEREST

The authors declare no conflict of interest.

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<sup>1</sup> Bauman WA, Biering-Sørensen F, Krassioukov A. The international spinal cord injury endocrine and metabolic function basic data set. Spinal Cord 2011; 49: 1068–1072.

<sup>2</sup> Bauman WA, Biering-Sørensen F, Krassioukov A. International spinal cord injury endocrine and metabolic basic data set (version 1.2). Spinal Cord 2012; 50: 567.

<sup>3</sup> Baim S, Wilson C, Lewiecki E, Luckey M, Downs R. Precision assessment and radiation safety for dual-energy x-ray absorptiometry: position paper of the international society for clinical densitometry. *J Clin Densitom* 2006; 8: 371–378.

<sup>4</sup> Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. AUDIT. The Alcohol Use Disorders. Identification Test. Guidelines for Use in Primary Care. 2nd edn. World Health Organization: Geneva, Switzerland, 2001.

## **APPENDIX**

# INTERNATIONAL SPINAL CORD INJURY ENDOCRINOLOGY AND METABOLISM FUNCTION BASIC DATA SET - FORM (Version 2.0)

Date performed: YYYY/MM/DD			☐ Unknow	1
Endocrine & metabolic condition once):  None Diabetes mellitus  Type Lipid values, if available, provide Date YYYY/MM/DD Total cholesterol (TC) monoide HDL cholesterol (TC, HDL or LDL cholesterol: mmonoid monoid m	☐ Unknow  1 ☐ Type 2  the most recer  g/dL _ mg/dL nol/L x 39 = mg osis:  DXA ☐ Other nosis:	n (any endo Unknov it values pri Triglycerio LDL chole /dL; TG: mi	ocrine disorde wn or to injury: Unknowides (TG) esterol mol/L x 89 = n	n mg/dL mg/dL ng/dL) _ □ Unknown - □ Unknown
Endocrine & metabolic conditional last year:  None Diabetes mellitus Lipid disorder Osteoporosis Method: Thyroid disease, Specify diagnormal disease, Specify diagnormal Gonadal disease, Specify diagnormal Pituitary disease, Specify diagnormal Other, specify	☐ Unknow 1 ☐ Type 2 osis: ☐XA ☐ Other nosis: ☐nosis: ☐nosis: ☐nosis:	n (any endo □ Unknov (e.g. CT, ra	ocrine disorder wn adiograph)	Unknown Unknown Unknown Unknown Unknown Unknown
Gonadal status (check approprimale: ☐ Prepubertal ☐ Pulifemale: ☐ Prepubertal ☐ Pulifemale: ☐ Prepubertal ☐ Pulifemale: ☐ Adult Postmenopausal	bertal □ Adult	□ Adult Me	□ Unknowi nopausal □ Unknowi	
Height (or length) and Weight: Height (or length) m	Weight	kg	□ Unknow	1
Fasting serum lipid profile with During anti-lipid therapy: ☐ Yes Total cholesterol (TC) modern HDL cholesterol (TC, HDL or LDL cholesterol: mm	i <b>in the last yea</b> □ No	ar: Triglycerio LDL chole /dL; TG: mi	☐ Unknowi des (TG) esterol mol/L x 89 = n	n mg/dL mg/dL ng/dL)
How often do you have a drink  ☐ Never ☐ Monthly or less ☐ 4 or more times a week ☐	☐ 2-4 times		□ 2-3 times	a week
How often do you have six or n  ☐ Never ☐ Less than monthly ☐ Unknown				ly or almost daily