To the editor,

We read with great interest the article published by Keskin et al. which is about relationship between the CHADS-VASc score and all cause mortality in patients with STEMI.¹

CAHDS-VASc score includes the parameters such as age, gender, heart failure, hypertension, diabetes, stroke, peripheral vascular disease and predicts atheroembolic events in patients with atrial fibrillation.² There are a lot of reports revealing that CHADS-VASc parameters are all individually associated with mortality after ST-elevation myocardial infarction (STEMI) and this condition is impressed as the limitation of study. In addition; there is significant difference between groups determined by CHADS-VASc score by glucose, hemoglobin and estimated glomerular filtration rate (eGFR) levels. Lee et al. reported that anemia is related with increased 1 year mortality rates after STEMI especially in patients with hypertension and chronic kidney disease.³ Decreased GFR level is also associated with increased 1 month, 1 year and 3 year all cause mortality rates after acute coronary syndrome and worse renal functions are correlated with worse survival.⁴ A meta-analysis about relationship between diabetes and mortality after STEMI revealed that not only the presence of diabetes but also diabetes control status, glucose and HbA1c levels also predict the mortality rates in STEMI patients.⁵

Due to anemia, glucose and HbA1c levels and decreased renal functions are independent predictors of mortality in STEMI patients; mortality difference between the groups should not be attributed to only CHADS-VASc score. Meanwhile we have TIMI and GRACE score models to predict prognosis in patients with STEMI, use of CHADS-VASc score in these patient groups may be surrealistic.

REFERENCES