

## CHADS-VASc Score in STEMI Patients: Should We Use It Really?

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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.<sup>1</sup>

CHADS-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.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> A meta-analysis about relationship between diabetes and mortality after STEMI revealed that not only the presence of diabetes but also diabetes con-

trol status, glucose and HbA1c levels also predict the mortality rates in STEMI patients.<sup>5</sup>

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 surrealist.

### REFERENCES

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