Letters to the Editor

Does Educational Level Predict Mortality After Myocardial Infarction Independently of Left Ventricular Function and Medical Treatment?

¿El nivel de estudios predice la mortalidad tras un infarto de miocardio de manera independiente de la función ventricular izquierda y del tratamiento médico?

To the Editor,

I read the article by Consuegra-Sánchez et al \(^1\) with great interest. In their study, the authors report an inverse and independent relationship between educational level and long-term mortality in post-myocardial infarction patients. I would like to make a few points about the methodology and results of the article. \(^1\) In their study, the authors report the mean left ventricular ejection fraction (LVEF) of all patients and indicate LVEF as a predictor of long-term mortality. However, there are no data about the mean LVEF among each group. It is known that LVEF < 40% is an independent predictor of mortality after myocardial infarction. \(^2\) Therefore, the authors should state the mean LVEF and incidence of patients with LVEF < 40% for each group and compare the mean LVEF among the groups. A higher incidence of patients with LVEF < 40% in illiterate and primary education patient groups may be another significant reason for higher mortality rates. Additionally, the study by Consuegra-Sánchez et al \(^1\) includes patients with impaired left ventricle systolic function (mean LVEF = 49% for all patients). Aldosterone antagonists significantly reduce all-cause mortality in post-myocardial infarction patients with LVEF < 40%, in addition to standard medical therapy. \(^3\) In the study by Consuegra-Sánchez et al \(^1\), there are no data on the incidence of patients treated with aldosterone antagonists. A higher incidence of treatment with aldosterone antagonists in secondary education and higher education patient groups may be the reason for lower mortality rates.

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