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The Epidemiology of the Clinical and Health Effects Associated With Cocaine. Response



Epidemiología de los efectos clínico-asistenciales asociados al consumo de cocaína. Respuesta

To the Editor,

Gironés-Bredy et al have carried out an extremely interesting analysis of the impact of cocaine-related disorders in patients treated in hospital emergency departments. We agree with these authors that the costs of the care of these patients are higher than those calculated for inpatients, due to both the out-of-hospital circumstances and the emergency department setting, as the authors point out in their article, and to other factors such as worker absenteeism (number of absences and their duration), loss of productivity, drug dependence treatments, social assistance, and others. The application of a minimum data set for emergencies treated in hospitals is imminent in some Spanish autonomous communities, which will help to more accurately assess the true impact of these disorders on patient prognosis and on the cost overruns associated with their care.

Gironés-Bredy et al suggest the possibility that our series may have included readmitted patients. As we explain in the methods section,¹ a first episode of acute myocardial infarction was defined as that in which the code appeared in the primary diagnosis (ICD-9 code 410 with a fifth digit = 1). We excluded other cases of acute myocardial infarction with codes not indicating a first episode in the primary diagnosis, as well as those cases in which the 410.x1 code corresponded to a secondary diagnosis. These criteria, recommended by the Agency for Healthcare Research and Quality of the United States,² were designed to ensure that readmissions for acute myocardial infarction not be recorded as first episodes.

Gironés-Bredy et al stress the importance of investigating drug consumption in all patients and of undertaking interventions to provide information and to treat dependence for primary and secondary prevention of the problems associated with substance

use. We agree with these authors that this course of action is an exercise in professionalism and should not be limited to emergency departments and inpatients, but should be extended systematically to all health care settings.

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Red Cell Distribution Width and Coronary Artery Disease



Amplitud de distribución eritrocitaria y enfermedad coronaria

To the Editor,

Red cell distribution width (RDW) has traditionally been considered useful in the differential diagnosis of anemia. RDW, which is routinely reported in complete blood counts as a statistical concept, is a measure of the variation in red blood cell volume.¹

In recent years, interest has significantly increased in RDW as a risk marker in cardiovascular research. Several studies have shown that high RDW levels are associated with higher mortality among patients with heart failure,² coronary artery disease,³ or myocardial infarction,⁴ and in those undergoing percutaneous coronary intervention.⁵

In a recent study published in *Revista Española de Cardiología*, Sánchez-Martínez et al⁶ showed that in non-ST-segment elevation acute coronary syndrome patients, elevated RDW values were predictive of increased major bleeding risk and provided additional information to the CRUSADE scale. The authors studied 293 consecutive patients with an established