Value of neutrophil-to-lymphocyte ratio and its combination with GRACE risk score in predicting PCI outcomes in acute coronary syndrome

To the Editor,

I have read the article by Zhou et al. (1) entitled "A combination of the neutrophil-to- lymphocyte ratio and the GRACE risk score better predicts PCI outcomes in Chinese Han patients with acute coronary syndrome" with great interest which was published in Anatol J Cardiol 2015; 15: 995-1001. In their study, authors reported that patients with higher neutrophil-to-lymphocyte (NLR) had a higher incidence of MACE than those with lower NLR. Authors divided patients into three groups according to the tertiles of baseline NLR level and reported that during the follow-up period the MACE rate was 44.57% in the highest NLR group ($p<0.01$). This is a well-written study; I would like to draw attention to the antiplatelet therapy used by patients that can affect the results of the present study.

In total, 142 patients had MI and 908 patients had unstable angina pectoris in the present study (1). In patients with non-ST elevation acute coronary syndromes (NSTE-ACS), dual antiplatelet therapy (DAPT) with aspirin and clopidogrel has been recommended for 1 year over aspirin alone irrespective of stent type, according to current guidelines (2). In addition, it has been showed that DAPT with ticagrelor significantly reduced the MACE in patients with NSTE-ACS in contrast with the patients treated with aspirin and clopidogrel (3, 4). In the study by Zhou et al. (1), no information regarding the dual antiplatelet therapy has been provided. Authors should comment on the DAPT usage rates and the type of DAPT in both high NLR and low NLR groups and then compare the groups with respect to the GRACE risk scores. It would be helpful if the authors can provide this information.

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Author`s Reply

Authors of the aforementioned article did not send any reply for this Letter to Editor, despite our insistent requests.

Current studies about the energy drinks may not simulate the real life

To the Editor,

We have read the article of Hajsadeghi et al. (1), entitled "Effects of energy drinks on blood pressure, heart rate, and electrocardiographic parameters: An experimental study on healthy young adults" with great interest. Authors evaluated the effects of energy drink consumption on cardiovascular parameters in healthy young individuals. They reported a significant decline in heart rate and ST-T wave changes in subjects but no significant change in systolic and diastolic blood pressure, PR interval, QRS duration, and QTc interval following the consumption of energy drink.

Studies on the effects of energy drink on health have been increasing. Recently, a study investigated the acute effects of Red Bull energy drink on ventricular repolarization and could not find any significant alterations in ventricular repolarization by assessing the Tp-e interval and Tp-e/QT ratio (2). Hajsadeghi et al. (1) similarly reported that the QTc, an indirect representative of ventricular arrhythmia risk, did not alter significantly.

However, there are some conflicted data in the literature. Hajsadeghi et al. (1) reported that the heart rate significantly decreased and SBP and DBP did not change whereas Steinke et al. (3) reported that daily consumption of energy drink caused the HR, SBP, and DBP to rise not only on the 1st day but also on the 7th day. The main difference in those studies were the