

Reply to the Letter to the Editor: "What Does BREATH2 Predict in HFpEF? From Prognostic Risk to Etiological Heterogeneity"

To the Editor,

We thank the authors for their interest in our study and for their comments regarding the prognostic significance of the BREATH2 score in heart failure with preserved ejection fraction (HFpEF).^{1,2}

First, the authors note that the components of the score (age, atrial fibrillation, coronary artery disease, elevated natriuretic peptides, anemia) are not specific to HFpEF, and that its association with mortality may therefore reflect general vulnerability rather than the severity of a single disease entity. We agree. BREATH2 was not developed to measure the degree of diastolic dysfunction but to enable rapid risk screening in primary care using readily available data; the fact that its components are not disease-specific does not undermine this purpose.³

Second, the persistence of the independent association between BREATH2 and mortality after adjustment for creatinine and NT-proBNP was a finding we also wished to highlight. We would add that H₂FPEF (Heavy, Hypertension, atrial Fibrillation, Pulmonary hypertension, Elder, Filling pressure), despite including age and atrial fibrillation, did not predict mortality. This suggests that BREATH2's performance may reflect not simply the number of comorbidities counted, but which variables were selected.

Third, we agree that different cardiac substrates may still be represented within the HFpEF label despite our exclusion of significant valvular disease and hypertrophic or restrictive cardiomyopathy. Our retrospective design did not allow systematic screening for infiltrative or hypertension-predominant substrates, nor exercise hemodynamic phenotyping; we noted this limitation in our manuscript.²

These findings suggest that BREATH2 may be a practical tool for identifying vulnerable HFpEF patients at initial clinical contact. While hypothesis-generating, we believe testing the score across etiologically defined HFpEF subgroups would help clarify the source of its prognostic value, and we are planning this in a prospective cohort.

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REFERENCES

1. Anatol J. Cardiol; 2026.
2. Yalvaç HE, Babayigit EÇ, Dağhan H. The BREATH2 score as an independent predictor of 1-year mortality in patients with heart failure with preserved ejection fraction. *Anatol J Cardiol*. 2026;1-9. [CrossRef]
3. Saito Y, Kagiya N, Harada T, et al. An evidence-based tool for screening for heart failure with preserved ejection fraction in primary care: the BREATH2 score. *J Cardiol*. 2025;86(3):264-271. [CrossRef]



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LETTER TO THE EDITOR REPLY

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