

a trigger for PoAF (3, 4). In conclusion, these confounding factors will probably explain this association, but many of them were not taken into consideration in the analysis.

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Author's Reply

To the Editor,

We are pleased with the authors' interest in our article titled "SYNTAX score predicts postoperative atrial fibrillation in patients undergoing on-pumping isolated coronary artery bypass grafting surgery," which was published in *Anatol J Cardiol* 2015 Nov 18 Epub ahead of print (1), and we would like to thank them for their contribution. As the authors have mentioned systemic inflammation caused by cardiopulmonary bypass, atrial inflammation might contribute to the occurrence of postoperative atrial fibrillation (PoAF). Bruins et al. (2) reported that an elevation in C-reactive protein-complement complexes was greater in patients who developed AF. Soluble vascular cell adhesion molecule-1 (VCAM-1) is an emerging biomarker for inflammation and endothelial activation. In another study, Verdejo et al. (3) reported that in patients undergoing coronary artery bypass surgery, elevated VCAM-1 levels predict a higher risk for PoAF. However, inflammatory markers were not included in our patient data, and we think that the patient population is too small to add these variables in the

analysis. There would be too many variables for a small group, and this could disrupt the results. With the inclusion of these data, our hypothesis can be further tested in a bigger patient population.

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Effects of energy drinks on blood pressure, heart rate, and electrocardiographic parameters: an experimental study on healthy young adults

To the Editor,

I have read the article entitled "Effects of energy drinks on blood pressure, heart rate, and electrocardiographic parameters: an experimental study on healthy young adults" by Hajsadeghi et al. (1), which was recently published in the *Anatolian Journal of Cardiology* 2016; 16: 94-9, with great interest. The investigators reported that energy drink consumption could contribute to heart rate decrease and ST-T changes in healthy young adults. In addition, systolic and diastolic BP and other ECG parameters do not significantly change after the energy drink consumption (1).

There were conflicting results about the relationship between heart rate response and energy drink consumption (2, 3). Authors implied that the possible mechanism underlying the heart rate decrease was related to an increase in the stroke volume and enhancement of the myocardial contractility after the energy drink consumption (1). Authors claimed that excessive catecholamine release after energy drink consumption is the mechanism underlying the significant ST-T changes (1). It is well known that heart rate