

Clinical Treatment and Prognosis in Patients With Acute Coronary Syndrome and Anemia. Response



Tratamiento clínico y pronóstico en pacientes con síndrome coronario agudo y anemia. Respuesta

To the Editor,

First, we would like to thank Ariza-Solé et al. for their comments. It is important that we share our concerns regarding the management of certain subgroups of patients that lie beyond the scope of the clinical practice guidelines, but are recipients of real-world clinical care.

It is highly probable that aspects related to active bleeding and frailty have an influence on the therapeutic strategy adopted in patients with acute coronary syndrome and severe anemia. Although it is true that the rate of comorbidity is very high in this subgroup, which is characterized by a mean age over 73 years, a prevalence of diabetes mellitus greater than 50%, and an incidence of chronic kidney disease of nearly 40%, and 43% of which is in Killip class \geq II, there is also a subjective variability in the therapeutic decision adopted by different clinical cardiologists in such cases. This may be a consequence of the great uncertainty that exists with respect to the management of these patients since, as Ariza-Solé et al. correctly point out, an invasive strategy with percutaneous coronary intervention may reduce cardiac mortality, but the price may be an increase in noncardiovascular mortality, especially that related to bleeding risk.

For this reason, we consider that there is a need for more data on the subject. Our report¹ indicates that, while the interventional

approach tends to reduce long-term mortality, there is no immediate benefit. Thus, prior to deciding on an early interventional strategy, it is probably worth the effort to analyze the possible causes of the anemia (in those cases in which it is severe, defined as hemoglobin $<$ 10 g/dL), ruling out the presence of active bleeding that can be exacerbated with the maintenance of dual antiplatelet therapy following percutaneous coronary intervention.

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