

## Letters to the Editor

**Sensationalist Headlines: Also in the Scientific Press?****Titulares sensacionalistas: ¿también en la prensa científica?****To the Editor,**

We have read the article “The Risk of Cardiovascular Events After an Acute Coronary Event Remains High, Especially During the First Year, Despite Revascularization” by Abu-Assi et al.<sup>1</sup> The authors present an interesting retrospective analysis of a large series of patients; however, we must admit that a strong incentive to read the article was its provocative title, the style of which runs against current trends. For this reason we would like to comment on some of their findings.

The background to the issue lies in the publication of 2 meta-analyses published 5 and 10 years ago, respectively.<sup>2,3</sup> The results conclusively showed the clear prognostic benefit of revascularization in patients with acute coronary syndrome. Therefore, all the clinical guideline updates, including the most recent European guidelines,<sup>4</sup> recommend coronary angiography followed by revascularization (level of evidence: A). The guidelines also recommend these procedures in high-risk patients within 24 hours and in intermediate-risk patients within 72 hours. What evidence do the authors provide by which they challenge these recommendations?

Without addressing the limitations acknowledged by the authors, such as the retrospective nature of their article, they draw attention to the predictors of events found in the multivariable analysis. Smoking was the only modifiable factor in the prediction of events during the first year: no other measures, including the use of drugs with known prognostic benefit, were effective in improving prognosis. Similar results were obtained in the long-term analysis. However, the authors were describing a relationship between the absence of revascularization and worse prognosis. It would therefore seem that patients with acute coronary syndrome have a high recurrence of events, that there is no remedy, and that nothing can be done to change this. Since the results failed to identify any of the known effective measures for primary and secondary prevention except, perhaps, to quit smoking, should we surrender to therapeutic nihilism?

Based on these results, we could easily propose many other equally provocative titles for this article. Obviously, a striking title

invites one to read the entire article, but we believe an article should be stimulating, rather than sensationalist, overspeculative, or biased. As Ransohoff and Ransohoff wrote, “cases of sensationalized reporting receive, by their very nature, a disproportionate amount of attention. They can also cause a disproportionate amount of disillusionment and distancing of the public.”<sup>5</sup>

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**Sensationalist Headlines: Also in the Scientific Press? Response by Abu-Assi et al****Titulares sensacionalistas: ¿también en la prensa científica? Respuesta de Abu-Assi et al****To the Editor,**

Apparently, Pérez de Prado et al continue to appreciate our scientific contributions.<sup>1,2</sup> Concerning our latest article, they express their opinion—we would say with too visceral an attitude and taking no notice of the important methodological details of our study—that we make use of a sensationalist title.<sup>2</sup>

The original title of the article was “Medium- to Long-term Risk of Infarction, Stroke, or Cardiovascular Death Following Acute Coronary Syndrome. Incidence and Development of Predictive Tools”. The editors of *Revista Española de Cardiología* considered the present title to be more appropriate; we accepted.

Thus, we are surprised by the letter and its style, and would like to enlighten its authors about 2 basic methodological facts. When studies and procedures are highly prevalent in a population (as is the case with revascularization in our article, with a prevalence of  $\approx 70\%$ ), they may not emerge as prognostic determinants during a phase of the study. On the other hand, our study was conducted in a heterogeneous

population with different levels of risk for the composite event of reinfarction (quantitatively, it represented the major component of the composite event), stroke, or cardiovascular death. Under these conditions, our observation should not come as a surprise. For example, in the population of patients with myocardial infarction included in the multicenter TRIUMPH (Translational Research Investigating Underlying Disparities in Acute Myocardial Infarction Patients' Health Status) registry, recruited in 24 hospitals in the United States, in-hospital percutaneous revascularization was even associated with a higher adjusted risk of rehospitalization for an acute coronary syndrome (hazard ratio = 1.85; 95% confidence interval, 1.28–2.69;  $P = .001$ ) after 1 year of follow-up.<sup>3</sup> Therefore, we consider it unfortunate that the authors, in their comment, failed to differentiate between effectiveness (impact resulting from an action carried out under the usual conditions) and efficacy (impact on health status of an action carried out under optimal conditions or under ideal conditions for its use and application) for a correct interpretation of our study. Finally, we should point out that the fact that a treatment does not completely resolve a problem is not synonymous with therapeutic nihilism.

### CONFLICTS OF INTEREST

E. Abu-Assi is a member of the editorial team of *Revista Española de Cardiología*.

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### Sensationalist Headlines: Also in the Scientific Press? Response by Ferreira-González



#### Titulares sensacionalistas: ¿también en la prensa científica? Respuesta de Ferreira-González

#### To the Editor,

In my view, Pérez de Prado et al make 2 pertinent comments in their letter on the article by Abu-Assi et al, “The Risk of Cardiovascular Events After an Acute Coronary Event Remains High, Especially During the First Year, Despite Revascularization”.<sup>1</sup> They first state that “a strong incentive to read the article was its provocative title”, and go on to suggest that this title could be considered “sensationalist, overspeculative, or biased”. Since this title was proposed to the authors by the editorial team at *Revista Española de Cardiología*, these comments merit a response.

Regarding the first comment, we congratulate ourselves that the title had the desired effect, which was none other than to attract readers' attention to the robust finding of an observational study conducted with meticulous methodology. Regarding the second, we profoundly disagree with the authors' description. The article has an informative title, defined as one that summarizes the findings; the title simply describes the main study finding, without any speculation. Informative titles may not be the norm in the scientific press, but neither are they exceptional, and they can be found in leading journals; for example, *Increased risk of congenital heart disease in twins in the North of England between 1998 and 2010*<sup>2</sup> and *Patients with ankylosing spondylitis have increased cardiovascular and cerebrovascular mortality: a population-based study*.<sup>3</sup> Moreover, use of informative titles is established practice in some specialist journals, such as the *Journal of Clinical Epidemiology*.<sup>4</sup> Irrespective of these considerations, we sincerely trust that the title in question is not “biased” as the authors indicate and that it does not lead to the conclusion, or even the suggestion, that revascularization does not modify prognosis in acute coronary

syndrome. Nothing could be further from the article's intention and content.

### CONFLICTS OF INTEREST

I. Ferreira-González is a member of the editorial team of *Revista Española de Cardiología*.

I. Ferreira-González has received payment for consulting, conferences, the development of educational material, and grants to attend conferences from Abbott, Astra-Zeneca, Bayer, BMS-Pfizer, Daichii-Sankyo, Ferrer, Menarini, Novartis, Sanofi and Servier and a research grants from Ferrer.

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