Letters to the Editor

Reply to Letter From Ganga and Jantz—Identifying Frailty in Elderly Patients With Acute Coronary Syndrome

To the Editor:
We would like to thank Dr Ganga and Dr Jantz1 for their comments regarding our recently published article.2 They found it unusual that hypotension was not a predictor of frailty phenotype in our study. Indeed, the association between hypotension and frailty has been already reported.3 It seems plausible that the neurodegenerative process linked to frailty could impair some mechanisms of blood pressure regulation, favouring orthostatic hypotension and, perhaps, chronic low blood pressure. Unfortunately, frail patients are under-represented in study cohorts and more information is needed. In Frisoli et al.’s study cited by the authors,3 there were no significant differences between frail and nonfrail patients across systolic and diastolic pressures or in the frequency of previous hypertension, although the authors identified a blood pressure cutoff value that significantly discriminated frailty. In contrast to previous studies, in our work the setting was acute coronary syndrome, and blood pressure was measured at admission. This is a critical time point in the course of acute coronary syndromes. Admission blood pressure is the result of several intervening factors beyond baseline frailty status, such as hyperadrenergic activation or hemodynamic impairment. Isolating how much low blood pressure results from frailty per se or from the evolving acute coronary syndrome is not feasible. Therefore, our findings are not comparable to those of studies in asymptomatic patients or individuals with chronic disease. Conversely, admission heart failure (Killip degree) is an important prognostic factor in acute coronary syndrome. We understand that the exclusion of patients with Killip class ≥ 2 at admission, as suggested by the authors, would bias our results.

In line with the authors’ letter, we consider it crucial to advance the potential pathophysiological link between frailty and blood pressure response in order to know how best to manage frail patients.

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Disclosures
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References