



Response Letter to Letter by Venu Jonnalagadda

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Published online: 8 August 2019

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Dear Editor

Our published manuscript, entitled “A multi-center, open-label, two-arm parallel group non-inferiority randomized controlled trial evaluating the effect of pitavastatin, compared to atorvastatin, on glucose metabolism in prediabetics with hypertension and dyslipidemia: rationale and design for the China hemoglobin A1c Metabolism Protection Union Study (CAMPUS),” has received a request from Mr. Venu Gopal Jonnalagadda for better understanding of the study’s rationale and design.

Carefully considering the comments, responses are addressed as follows:

Rescue medication used for prediabetes with hypertension and dyslipidemia patients

Our thanks for Mr. Venu Gopal Jonnalagadda’s comments. We agree that hypertension, dyslipidemias, and diabetes mellitus (DM) are major risk factors for cardiovascular diseases (CVD). Statins are often preferred in dyslipidemias for CVD prevention [1] but have been found a diabetogenic risk [2]. Nonetheless, benefits of statin use in reducing CVD risk outweigh the suggested adverse effects of glucose metabolic disorders and incident diabetes [3].

Interestingly, the effects of statins on glucose metabolism may differ among certain types of statins [4]. Yet, current statin studies concerning this controversial issue have limitations in study design. Thus, further precise randomized controlled trials are needed to fully elucidate the effects.

In our study [5], we have focused on specific hypertensive patients who were diagnosed with prediabetes as a predisposition to glucose metabolic disorder and were prescribed

statins for hyperlipidemia therapy. The aim was to investigate the effects of pitavastatin, compared with atorvastatin, on hemoglobin A1c (HbA1c), a parameter reflecting long-term glucose metabolism, in such patients.

Generally, instead of medication intervention, guidelines suggest lifestyle interventions in prediabetes [6]. For patients enrolled in our study, we have emphasized lifestyle interventions (i.e., physical activities and diets) as a guidance in order to help postpone the risk of new-onset diabetes and the development of hypertension and dyslipidemias. Also, routine monitoring for the development of diabetes is conducted in all patients enrolled. And as one of the excluded criteria, enrolled patients who had been diagnosed as type 2 DM should be withdrawn from trial medication intervention and would individually receive standardized DM treatment [5].

Meanwhile, the underlying mechanisms of diabetogenicity of statins need to be further clarified. Moreover, the phenomenon of the different effect of specific statins types, especially pitavastatin, on glucose metabolism, remains understudied [7, 8].

CAMPUS, with its multi-center, randomized controlled, head-to-head design, aims to investigate the effects of statins on glucose metabolism in Chinese prediabetics with hypertension and dyslipidemias. Prospectively, the outcomes of the study might eventually provide suggestions to clinical applications for those at risk of diabetes and CVD.

We hope that we have clarified all concerns from Mr. Venu Gopal Jonnalagadda.

Thank you.

Kind regards,

Prof. Jun Tao, MD., PhD.

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