



## Letter to the Editor

## Estimated glomerular filtration rate and incident stroke in patients with hypertension and/or diabetes



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Dear Editor,

Sarfo et al. conducted a prospective study to evaluate the effect of estimated glomerular filtration rate (eGFR) on incident stroke in patients with hypertension and/or type 2 diabetes mellitus [1]. The authors had reported the risk factors of incident stroke in patients with hypertension and/or type 2 diabetes mellitus by using the same database [2]. They recognized 54 events of stroke and stroke incidence rates increased with decreasing eGFR. Adjusted hazard ratios (HRs) (95% confidence intervals [CIs]) of eGFR with 60–89 ml/min, 30–59 ml/min, and < 30 ml/min against eGFR with > 89 ml/min for incident stroke were 1.42 (0.63–3.21), 1.88 (1.17–3.02), and 1.52 (0.93–2.43), respectively. I have two concerns about this study.

First, the authors concluded that chronic kidney disease (CKD) was dose-dependently associated with incident strokes in patients with hypertension and type 2 diabetes mellitus. But caution should be paid to the significance of the association. HR of eGFR with 30–59 ml/min only presented significant increase, and small number of events would partly lead to the lack of statistical power by Cox proportional hazard regression analysis. There are reports that the number of events per independent variable (EPV) should be kept  $\geq 10$  to keep stable estimates [3,4], and the authors can use 5 independent variables for the analysis. Taken together, continuous survey is needed to increase the number of events.

Second, Losito et al. conducted a prospective study to investigate the association of reduced kidney function, hypertension and diabetes with acute ischemic stroke [5]. Adjusted odds ratio (OR) (95% CI) of eGFR < 60 ml/min, hypertension and diabetes for ischemic stroke were 1.53 (1.30–1.81), 2.77 (2.33–3.28) and 1.30 (1.04–1.63), respectively. There was no additive effect between eGFR, hypertension and diabetes on the risk of stroke. As there is a close relationship among diabetic nephropathy, hypertension, eGFR and albuminuria, progression of type

2 diabetes mellitus and/or hypertension should be comprehensively evaluated for the risk assessment of incident stroke.

### Disclosure statement

The author has indicated no financial support.

### Conflicts of interest

There is no conflict of interest in this study.

### References

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