



Letter to the Editor

Association between dabigatran etexilate and risk of myocardial infarction[☆]

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Dear editor:

Wei et al. performed a meta-analysis to evaluate the association between the dabigatran etexilate and myocardial infarction (MI) risk [1]. They concluded that using dabigatran etexilate was associated with lower risk of MI compared with the control therapy. The research appears informative clinically. However, some issues should be addressed.

First, the follow-up duration was varied between the included trials, e.g., it was 3 months in the PETRO trial and 36-months in the RE-MEDY trial [2,3]. Therefore, the time of exposure to the therapy is inconsistent for different subjects. In this case, the person-years statistic is helpful to deal with this issue.

Second, two studies include patients receiving antiplatelet therapy. Evidence revealed significant heterogeneity in individual subject responses to antiplatelet therapy because of the high platelet reactivity. Therefore, the subgroup analysis based on the background therapy was warranted.

Third, the international normalized ratio (INR) test was necessary for patients taking oral anticoagulation. The ischemic risk increased in

patients taking warfarin during the first one month and then reduced after that [4]. The possible reasons for the higher ischemic events are due to a delay in reaching INR. However, the INR value during the therapy in the study by Wei et al. was not reported.

Forth, the previous MI events were not reported in most of the studies. It is unclear whether the disease burden of the MI between the dabigatran etexilate and controlled therapy was balanced.

Above all, we should be more prudent to evaluate the data to draw a conclusion.

Conflicts of interest disclosures

None disclose.

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