Letter to the Editor

Letter by Chen et al. regarding article, "The low expression of circulating microRNA-19a represents an additional mortality risk in stable patients with vascular disease"

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Dear Editor,

Recently, Mayer et al. [1] reported that in patients with coronary artery disease (CAD), poor expression of miR-19a was associated with increased mortality risk. After reading this article, we have some suggestions.

First, as described in the Methods, "A total of 600 CAD and 507 post-stroke consecutive patients were selected, of which number 493 CAD and 341 post-stroke patients were interviewed." Here we question why the remaining 107 CAD and 166 post-stroke patients were not interviewed. Does this lead to selection bias?

Second, the participants included were patients with CAD or post-stroke. Theoretically, these patients are routinely recommended for antiplatelet therapy such as aspirin or clopidogrel, which can reduce mortality [2]. However, the authors didn't describe and adjust the antiplatelet agents in this study, which might increase the incidence of confounding bias. The results might change when these confounders are adjusted.

Third, the patients in this study were divided into two groups according to BMI (<30 or ≥ 30 kg/m^2). However, people are generally divided into four categories based on the World Health Organization (WHO) classification: BMI <18.5 kg/m^2, $18.5–24.9$ kg/m^2, $25.0–29.9$ kg/m^2 and ≥ 30 kg/m^2 [3]. Therefore, we recommend dividing patients into four groups based on BMI, which would make the results more reliable and interesting.

Fourth, the mortality of cardiovascular disease patients increases with age [4]. Combined with WHO age classification and general age stratification [5], we recommend dividing patients into three groups: <65 yr, ≥ 65 to <75 yr, ≥ 75 yr, which may lead to different conclusions in this study.

Conflicts of interest disclosures

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