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The Association Between E-cigarette Use and Myocardial Infarction Is What One Would Expect Based on the Biological and Clinical Evidence



Farsalinos and Niaura¹ state that because we identify e-cigarettes as a “risk factor” for myocardial infarction, we imply “causality” when we clearly only used terms consistent with “associations” when reporting the findings of our study.² In particular, “risk factor” is established terminology for describing such associations in cross-sectional studies.^{3–5}

In our study, we did not use the 2015 National Health Interview Survey (NHIS) data set because respondents were not asked about e-cigarette use that year. Farsalinos and Niaura ignore the fact that we combined the 2014 and 2016 data in accordance with the Centers for Disease Control and Prevention procedures (reference 18 in our paper²). They also ignore the fact that, in addition to the pooled analysis, we reported the analyses of the 2014 and 2016 NHIS data sets separately; the overall conclusion is the same.

It is not surprising that Farsalinos and Niaura found an association between taking medicines to lower cholesterol with having had a myocardial infarction because these drugs are recommended and routinely prescribed for people who have had myocardial infarctions.^{6,7} Likewise, it is not surprising that we found an association between using e-cigarettes and having had a myocardial infarction because of the adverse biological and clinical effects that e-cigarettes have on the cardiovascular system that we summarize in our paper.²

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<https://doi.org/10.1016/j.amepre.2018.11.006>

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ACKNOWLEDGMENTS

Dr. Glantz’s work was supported by grants R01DA043950 from the National Institute of Drug Abuse, U54HL147127 from the National Heart, Lung, and Blood Institute, and from the Food and Drug Administration (FDA) Center for Tobacco Products. The content is solely the responsibility of the authors and does not necessarily represent the official views of NIH or FDA. The funding agencies played no role in study design; collection, analysis, and interpretation of data; writing the report; or the decision to submit for publication.

The authors have no financial disclosures.

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