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RESPONSE TO LETTER

Viewpoint on "The Frail Scale – A Risk Stratification in Older Patients with Acute Coronary Syndrome" [Response to Letter]

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Dear editor

We would like to thank doctor Xinyue Li for comments on our paper and the Editor for the opportunity to respond.[1,2] Here is point-by-point response to the author's comments and concerns.

Firstly, we discuss issues related to renal disease and frailty in elderly patients with acute coronary syndromes. As mentioned by the author, there is an association between patients with kidney disease and frailty in the elderly, not in the group of patients with acute coronary syndrome. Based on studies in the literature, we also find that chronic kidney disease (CKD) and acute kidney injury (AKI) in elderly patients with acute coronary syndromes are truly interesting.[3,4] However, this issue is not within the scope of our research, especially during the COVID pandemic, when testing conditions are limited. Therefore, we save this issue for the following studies. Secondly, the category of BMI in Table 1, the proportion of obese patients is too low 1/116 (0.86%), so we do not analyze it separately, but group it together with the overweight group. Thirdly, in-hospital adverse outcome is composite event, so it includes major bleeding and stroke events in the NACE.

About some statistical analysis, firstly, in Table 3, we agree that presenting the reference set as 1 as suggested would be clearer and more accessible. Secondly, the regression analysis presented in Table 4, as the number of variables included increased, the OR values increased. In statistics, when increasing the number of variables in a multivariable logistic regression analysis, the OR can increase or decrease, depending on the relationship and impact between the variables. So, our results are really appropriate because these results further show the truly relationship between frailty and NACE after adjusting for the impact of related factors.

In conclusion, we greatly appreciate the author's comments and suggestions. We fully agree with author about the potential role of the simple FRAIL score in risk stratification for older patients with ACS in the coronary care setting and that it is important to consider the need for evidence and extensive experience among different populations because the incidence of these different patients.

Disclosure

The authors report no conflicts of interest in this communication.

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