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Letters

TO THE EDITOR

Growth Differentiation Factor-15 in Chronic Heart Failure

The Role of miRNAs Regulation and of Wnt Signaling Modulation

I read the paper by Sharma et al. (1) with great interest, and congratulate the authors on their excellent work. As the authors correctly state, in demographically diverse, well-managed patients with chronic heart failure with reduced ejection fraction, growth differentiation factor (GDF)-15 provides independent prognostic information in addition to established predictors of outcomes. However, I would like to call attention to several points that need further clarification. Research has reported a significant negative correlation in heart failure between miR-106a-5p and GDF-15 (2) and between miR-223-3p and GDF-15 (2,3). Furthermore, there is evidence that GDF-15 and DNA methylation levels of the miR-21 promoter are inversely correlated and that miR-21 binds to the GDF-15 mRNA (4). There is also evidence that Wnt modulation via β-catenin/CREB binding protein-inhibition significantly correlates with increased GDF-15 expression and improvement of the impaired contractile function because of fibrotic scarring (5). The findings of Sharma et al. (1) add significant information to previously published data, but also evaluating the real effect of these aspects would be useful for better understanding and treatment to improve the complex network of chronic heart failure with reduced ejection fraction.

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Please note: Dr. Patanè has reported that he has no relationships relevant to the contents of this paper to disclose.

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Vildagliptin on Ventricular Function in Patients With Type 2 Diabetes Mellitus and Heart Failure

One Step Forward

We read the article "Effects of vildagliptin on ventricular function in patients with type 2 diabetes mellitus and heart failure: a randomized placebo-controlled trial" by McMurray et al. (1) and found it interesting to learn about the effectiveness of vildagliptin, a dipeptidyl peptidase-4 inhibitor, in patients with heart failure and reduced left ventricular ejection fraction (LVEF) compared with placebo.

In the study results (i.e., in Table 1 of the article [1]), the authors reported that, in the vildagliptin group (n = 128) and the placebo group (n = 126), 71.1% and 70.7% of patients, respectively, were taking loop diuretics at baseline. However, in other measurements of heart failure status, it was reported as 64.8% and 65.9% of patients in the vildagliptin and the placebo groups.

Moreover, in follow-up and adherence (1), it was stated that the number of protocol violations in the vildagliptin group was 3 and in the placebo group it was 2 patients, respectively. However, Figure 2 from the article by McMurray et al. (1) indicates those 3 patients in the vildagliptin group and 2 patients in the placebo group were protocol deviations.