Effect of Carvedilol on Plasma Adiponectin Concentration in Patients With Chronic Heart Failure

To the Editor:
We read with great interest the study by Yamaji et al., which concluded that carvedilol decreases plasma adiponectin concentration and that the decrease is associated with the improvement of left ventricular ejection fraction after treatment with carvedilol in patients with chronic heart failure. The methods and interpretation of the results, however, raise several concerns.

The serum concentration of adiponectin was significantly increased in patients with chronic heart failure, which was a significant predictor of a worse prognosis in patients with chronic heart failure. However, the serum concentration of adiponectin in patients with ischemic cardiomyopathy is lower than that in patients with other forms of chronic heart failure. Additionally, among the chronic heart failure cohort, the serum concentration of adiponectin in patients with diabetes seemed to be lower than that in patients without diabetes, which is consistent with recent reports that suggest that patients with obesity, diabetes, hypertension and atherosclerosis have reduced concentrations of adiponectin.

In the study by Yamaji et al., the etiology of systolic chronic heart failure was ischemic cardiomyopathy, dilated cardiomyopathy and hypertensive heart disease. Then, is there any relationship between the results of the study by Yamaji et al. and etiology? In addition, is there any relationship between the reduction of serum concentration of adiponectin caused by carvedilol and etiology?

References

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