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Reply to "racial and gender disparities among patients with Takotsubo syndrome".

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LETTER TO THE EDITOR

Reply to "racial and gender disparities among patients with Takotsubo syndrome"

To the Editor,

We read with great interest the Letter to the Editor titled "Racial and Gender Disparities among Patients with Takotsubo Syndrome" by Khalid et al[1] regarding our recent publication.[2] Their excellent comments and detailed assessment highlights the low prevalence of diabetes mellitus in patients with Takotsubo syndrome (TTS) compared to general population. This is in contrast with relatively high prevalence of many other cardiovascular risk factors in TTS patients. This so called "diabetes paradox" has been previously explained in TTS patients and is the target of many active investigations. As highlighted in the Letter to the Editor, the prevalence of diabetes mellitus in our patient population is very close to the results of prior meta-analyses of multiple small studies of patients with TTS.

We would also want to thank the authors for highlighting and discussing the difference in the rate of in-hospital mortality in male patients as compared to females. We agree with the proposed theory that attributes higher mortality in males to higher incidence of critical illnesses among them with resultant higher stress and elevated catecholamines. This is evident in our patient population as well but other investigators have suggested different explanations as to why male patients with TTS are more prone to morbidity and mortality. For example, in younger patient populations, TTS has been commonly reported in the setting of stimulant drug use or drug or alcohol withdrawal. Higher prevalence of these exposures in male population with TTS has been previously suggested as a possible theoretical explanation for higher mortality in them[3] but as Khalid and colleagues suggest, we agree that more prospective trials based on multicenter, international registries are needed with special focus on risk factors and predictors of worse outcome and complications in TTS. These studies not only will help the clinical aspects of patient care, but also might provide glimpses into the elusive pathophysiology of TTS.

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REFERENCES

1. Khalid N, Ahmad SA, Shlofmitz E, Chhabra L. Racial and gender disparities among patients with Takotsubo syndrome. *Clin Cardiol*. 2019;42(1):19.
2. Lemor A, Ramos-Rodriguez AJ, De La Villa R, et al. Impact of gender on in-hospital outcomes in patients with Takotsubo syndrome: a Nationwide analysis from 2006 to 2014. *Clin Cardiol*. 2019;42(1):13-18.
3. Medina de Chazal H, Del Buono MG, Keyser-Marcus L, et al. Stress cardiomyopathy diagnosis and treatment: JACC state-of-the-art review. *J Am Coll Cardiol*. 2018;72(16):1955-1971.

