



## Letters to the Editor

**The “obesity-mortality paradox” phenomenon among Asian patients following percutaneous coronary artery intervention****Keywords:**

Body mass index  
Obstructive coronary artery disease  
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Coronary artery bypass grafting  
Obesity-mortality paradox

We read with the interest with the work by Dr Kaneko and colleagues that revealed the “obesity-mortality paradox” among Japanese patients with coronary artery disease undergoing percutaneous coronary artery intervention (PCI) between 2004 and 2010 [1]. As we know, previous reports observed that the obesity-mortality paradox was mainly present in patients receiving PCI in short-term results. In contrast, some reports raised a controversy with regard to the long-term impact of body mass index (BMI) on mortality. Accordingly, we made a meta-analysis and found a J-shaped relationship between BMI and total mortality among patients with PCI followed up for longer than 5 years [2]. We found that the long-term neutralized risk in total mortality for the obesity category ( $BMI \geq 30 \text{ kg/m}^2$ ) may result from increased cardiac mortality. Moreover, there was relatively lower long-term risk of myocardial infarction in obese patients, and the excess of cardiac deaths should come from those who survived heart failure and died more than 5 years later. In our opinion, the authors could further analyze their patients who survived shorter or longer than the median of 3 years to see the relationship between BMI and mortality.

In addition, the obesity-mortality paradox was initially described in the bare-metal stent era before 2003 when most of the registries were carried out in the western world.

In the drug-eluting stent-era, we confirmed the obesity-mortality paradox gradually attenuated among patients receiving PCI in a meta-analysis [3]. For Asian populations, there were two large-sized PCI cohorts conducted and followed up longer than 2 years respectively in the drug-eluting stent era. In China, Wang et al. analyzed a cohort of 4972 patients treated with drug-eluting stents and the results showed that patients with overweight ( $BMI 25\text{--}29.9 \text{ kg/m}^2$ ) and obesity ( $BMI \geq 30 \text{ kg/m}^2$ ) did not have survival benefit compared to those with normal weight ( $BMI 18.5\text{--}24.9 \text{ kg/m}^2$ ) [4]. In contrast, Park et al. reported the presence of obesity-mortality paradox in a 12,093 Korean PCI cohort with 82% of patients using drug-eluting stents [5]. Since drug-eluting stents were found to affect the obesity-mortality paradox phenomenon, the authors should clarify the use of drug-eluting stents in this Japanese cohort and examine the relation of BMI to mortality in patients with or without drug-eluting stents.

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