Heart Failure and Stroke

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Ongoing studies may show that such patients benefit from anticoagulation and/or medical treatment aimed at HF itself. Case-control studies are liable to bias. The characteristics of cases and controls may differ in relation to the base population, which leads to cases and controls becoming inferiorly matched. That would happen if some patients, eg, because of social class, were less likely to be cases (admission bias). Also, control candidates may choose not to take part in the study. If they decline to be controls, we know at least that in this respect they differ from those who accept. We don’t know, however, whether this decision is associated with the “exposure”, or other factors that matters for the study. Authors tend to say “There is no reason to believe that the exposure (in this context: heart failure) have affected the controls’ willingness to participate in the study”. I say: there is every reason to believe that, unless otherwise proven!

The most remarkable result of the present study is that mild reduction of EF raises the risk of stroke as much as moderate to severe reduction. This is in contrast with previous studies. The result is interesting and calls for further studies in this area. Until the findings have been confirmed, however, they must be interpreted with caution. Bias has played tricks on us before, and it will again.

References

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The online version of this article, along with updated information and services, is located on the
World Wide Web at:
http://stroke.ahajournals.org/content/37/7/1637