Therapeutic strategy using low-dose carperitide monotherapy in patients with acute heart failure

Teruhiko Imamura¹

Received: 23 January 2020 / Accepted: 22 May 2020 / Published online: 29 May 2020
© Springer Japan KK, part of Springer Nature 2020

Keywords Hemodynamics · Cardiology · Natriuretic peptide

To the editor:

Kamiya and colleagues demonstrated that higher systolic blood pressure > 135 mmHg and lower serum creatinine level < 0.795 mg/dL were significant predictors of clinically favorable diuretic response to low-dose human atrial natriuretic peptide carperitide monotherapy in patients with acute heart failure [1]. There are two major concerns that would improve the quality of their findings.

Specificities of systolic blood pressure and serum creatinine level to predict response to low-dose carperitide monotherapy are moderate (65.2 and 58.3%, respectively). Positive predictive value might not be so high (approximately 60%) when we use either predictor. It might increase specificity when the authors combine both predictors.

Second, it might be helpful for readers to clarify the indication of carperitide monotherapy in real-world practice. Do the authors recommend a low-dose carperitide monotherapy for all patients with acute heart failure who satisfy both systolic blood pressure > 135 mmHg and serum creatinine

level < 0.795 mg/dL, or consider other tools including loop diuretics and vasopressin type-2 receptor antagonist if necessary?

Compliance with ethical standards

Conflict of interest The author declares that they have no competing interests.

References

1. Kamiya M, Sato N, Matsuda J, Nozaki A, Akiya M, Sato T, Okazaki H, Takahashi Y, Shimizu W (2020) Predictors of responders for low-dose carperitide monotherapy in patients with acute heart failure. *Heart Vessels* 35:59–68

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

This comment refers to the article available at <https://doi.org/10.1007/s00380-019-01450-w>.

✉ Teruhiko Imamura
te.imamu@gmail.com

¹ Second Department of Medicine, University of Toyama,
2630 Sugitani Toyama, Toyama 930-0194, Japan