

Letter to the Editor re: the Letter to the Editor by Dr. David Samuel Henry Bell, MD regarding “The risk of developing coronary artery disease or congestive heart failure, and overall mortality, in type 2 diabetic patients receiving rosiglitazone, pioglitazone, metformin, or sulfonylureas: a retrospective analysis”

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In our analysis, we did not find a difference in the risk of coronary artery disease among the agents investigated. Thus, although, we believe the increased risk of mortality observed with sulfonylureas was in part related to coronary artery disease, we did not specifically look at cardiovascular-related mortality, only overall mortality. We realize it is possible that meaningful clinical differences could exist

between the different specific sulfonylurea agents, but due to the interest of space and to avoid excessive number of statistical comparisons, we chose to focus our analysis on the individual thiazolidinediones. We are currently investigating if differences in overall mortality exist among the individual sulfonylureas (glimeperide, glipizide, and glyburide).

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