

population with different levels of risk for the composite event of reinfarction (quantitatively, it represented the major component of the composite event), stroke, or cardiovascular death. Under these conditions, our observation should not come as a surprise. For example, in the population of patients with myocardial infarction included in the multicenter TRIUMPH (Translational Research Investigating Underlying Disparities in Acute Myocardial Infarction Patients' Health Status) registry, recruited in 24 hospitals in the United States, in-hospital percutaneous revascularization was even associated with a higher adjusted risk of rehospitalization for an acute coronary syndrome (hazard ratio = 1.85; 95% confidence interval, 1.28–2.69; $P = .001$) after 1 year of follow-up.³ Therefore, we consider it unfortunate that the authors, in their comment, failed to differentiate between effectiveness (impact resulting from an action carried out under the usual conditions) and efficacy (impact on health status of an action carried out under optimal conditions or under ideal conditions for its use and application) for a correct interpretation of our study. Finally, we should point out that the fact that a treatment does not completely resolve a problem is not synonymous with therapeutic nihilism.

CONFLICTS OF INTEREST

E. Abu-Assi is a member of the editorial team of *Revista Española de Cardiología*.

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Sensationalist Headlines: Also in the Scientific Press? Response by Ferreira-González



Titulares sensacionalistas: ¿también en la prensa científica? Respuesta de Ferreira-González

To the Editor,

In my view, Pérez de Prado et al make 2 pertinent comments in their letter on the article by Abu-Assi et al, “The Risk of Cardiovascular Events After an Acute Coronary Event Remains High, Especially During the First Year, Despite Revascularization”.¹ They first state that “a strong incentive to read the article was its provocative title”, and go on to suggest that this title could be considered “sensationalist, overspeculative, or biased”. Since this title was proposed to the authors by the editorial team at *Revista Española de Cardiología*, these comments merit a response.

Regarding the first comment, we congratulate ourselves that the title had the desired effect, which was none other than to attract readers' attention to the robust finding of an observational study conducted with meticulous methodology. Regarding the second, we profoundly disagree with the authors' description. The article has an informative title, defined as one that summarizes the findings; the title simply describes the main study finding, without any speculation. Informative titles may not be the norm in the scientific press, but neither are they exceptional, and they can be found in leading journals; for example, *Increased risk of congenital heart disease in twins in the North of England between 1998 and 2010*² and *Patients with ankylosing spondylitis have increased cardiovascular and cerebrovascular mortality: a population-based study*.³ Moreover, use of informative titles is established practice in some specialist journals, such as the *Journal of Clinical Epidemiology*.⁴ Irrespective of these considerations, we sincerely trust that the title in question is not “biased” as the authors indicate and that it does not lead to the conclusion, or even the suggestion, that revascularization does not modify prognosis in acute coronary

syndrome. Nothing could be further from the article's intention and content.

CONFLICTS OF INTEREST

I. Ferreira-González is a member of the editorial team of *Revista Española de Cardiología*.

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