Response to the letter to the editor

Received 15 June 2000; accepted 21 June 2000

Dear Professor Cleland

Re: Manuscript No. 99/HN76 — Combination therapy with carvedilol and amiodarone in patients with severe heart failure.

We would like to thank Conraads et al. for their comments on the possible effects of amiodarone and betablockers on inflammatory reactions in heart failure beside neurohumoral activation. We, therefore, retrospectively looked at serum levels of C reactive protein, which were determined routinely in our chronic heart failure (CHF) patients. Results of a 6-month follow up of 74 CHF patients under combination therapy compared to 27 control subjects are shown in Table 1.

Whereas CHF patients under amiodarone and carvedilol combination therapy showed a decrease in C reactive protein, there was no change, or even a small increase in CHF patients not receiving both agents. After 6 months there was a (borderline) significant difference between both groups. Although C reactive protein is a very non-specific marker of inflammation, levels are elevated in CHF and correlated to severity of disease [1].

These preliminary data support the hypothesis of Conraads et al. and were strong arguments for further systematic studies on this subject. However, the reduction in heart rate due to neurohumoral blockade may itself be the main cause of the effects observed. This view was supported by animal data [2] and our own unpublished results [3] showing a loss of benefit, when heart rate lowering by adrenergic blockade in CHF was reversed by pacing at higher rates.

Yours sincerely

H. Nägele