Letters and Replies
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Statins and resistance to erythropoiesis-stimulating agents: are the two associated?

In their recent paper in *Nephrology Dialysis Transplantation*, Panichi *et al.* brilliantly demonstrated a strong association between erythropoiesis-stimulating agent (ESA) resistance on the one hand, and mortality and cardiovascular events on the other hand in the RISCAVID cohort of haemodialysis patients [1]. Moreover, they showed that higher interleukin-6 (IL-6) levels and lower albumin and transferrin saturation (TSAT) values are independent risk factors for presenting a higher ESA resistance index (ERI). To the contrary, acetylsalicylic acid (ASA) and sevelamer usage were associated with a decreased risk of presenting a high ERI, even after controlling for other predictors. The authors attributed this latter finding to the anti-inflammatory actions of these drugs, although none of the drugs reported in the study (ASA, Sevelamer and statins) statistically significantly influenced IL-6 or C-reactive protein (CRP) levels (data not shown).

However, we were disappointed that the authors did not display the proportion of patients taking statins in the different ERI quartiles of patients (Table 4). This would have been of utmost interest considering that these drugs have been demonstrated previously to reduce inflammatory markers.
in chronic kidney disease patients [2, 3] and to further inhibit the production of IL-6 in response to CRP stimulation [4, 5]. Furthermore, preliminary data have suggested that statins could reduce prohepcidin (the precursor peptide of hepcidin, a key mediator of inflammatory anaemia) levels in end-stage renal disease patients with anaemia [6].

Moreover, we were puzzled to read in the discussion section of the article that: ‘factors that influenced ERI were low-serum albumin, IL-6 as well as TSAT and therapy with Sevelamer, statins and ASA’.

It would be of paramount scientific importance, in our opinion, that the authors include the data about the proportion of patients taking statins in each ERI quartile and that they clarify whether or not these drugs were significantly associated with resistance to ESAs.

Conflict of interest statement. None declared.

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