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## UCLA Previously Published Works

### Title

Response to Letter to the Editor: Psychiatric Disease Among Patients with Takotsubo Syndrome

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**Response to Letter  
to the Editor:  
Psychiatric Disease  
Among Patients with  
Takotsubo Syndrome**



TO THE EDITOR: We read with great interest the letter to the editor on behalf of Drs. El-Battrawy et al. regarding our recent publication in *Psychosomatics* on the prognostic significance of pre-existing psychiatric illness in Takotsubo cardiomyopathy (TC).<sup>1,2</sup> In response to the letter, the pattern of wall motion abnormality in TC was not included in our study's multivariable models assessing mortality or recurrence. However, in univariate analysis, there was no significant difference in the rate of "atypical" TC patterns between patients with or without pre-existing psychiatric illness.<sup>2</sup> As El-Battrawy et al. note, the pattern of TC is likely another prognostic

indicator, as evidenced by findings from the International Takotsubo Registry.<sup>3</sup>

We also reviewed the publications cited in the letter regarding the potential relationships of TC stressors (emotional vs physical) with risk of recurrent cardiomyopathy. Sobue et al. showed that physical trigger of TC was associated with in-hospital mortality; however, they did not assess for any relationship with TC recurrence.<sup>4</sup> Giannakopoulos et al. assessed a cohort of 84 patients with TC and were able to show that physical stressors were associated with a composite endpoint of several outcome variables including mortality, rehospitalization, and recurrence of TC.<sup>5</sup> However, they did not assess the individual relationship between physical or emotional stressors with recurrence. Our study also did not show an association between mode of TC trigger and recurrence.<sup>2</sup>

In fact, to our knowledge, there has been no study published to date that has demonstrated a link between emotional or physical triggers and risk of recurrence in TC. There is significant concern for low statistical power to detect demographic or clinical associations with recurrent TC given the relatively low rates of incidence and subsequent recurrence of the disorder. We suggest multi-institution and preferably prospective studies to better investigate psychiatric illness in TC in addition to other potential predictors of recurrent cardiomyopathy.

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**Increasing  
the Safety of  
Clozapine Management  
in Hospitalized Patients  
With or Without Infection:  
Still Much to Learn ...  
and Teach**



TO THE EDITOR: Ruan et al.<sup>1</sup> describe more evidence via a case