



## LETTER TO THE EDITOR

### Response to the Letter to the Editor “Delayed diastolic recovery and more prevalent psychiatric disorders in Takotsubo cardiomyopathy”



### Resposta à Carta ao Editor «Recuperação diastólica tardia e alteração psiquiátrica mais prevalente na miocardiopatia da Takotsubo»

We thank Gulgun et al.<sup>1</sup> very much for their interest in our paper and for their important remarks. We would like to make the following response:

Our patient underwent clinical follow-up at 3, 6 and 12 months after the hospital admission and yearly thereafter. Echocardiography was performed at 6 months and 12 months.

Regarding diastolic dysfunction, she had grade 1 diastolic dysfunction at discharge, which was no longer present at 6-month follow-up. She never experienced any symptoms or signs of heart failure at any point during the course of the disease.

With respect to psychiatric evaluation, while one should certainly be aware of the possible existence of clinically unapparent underlying disorders, our patient did not experience any psychogenic stressful event, had no symptoms suggestive of past or present psychiatric disease, and never used any psychoactive drugs. Furthermore, the fact that we felt that the cause of her stress cardiomyopathy might

have been the acute coronary syndrome she suffered further strengthened our clinical impression. We therefore did not consider that referring the patient for psychiatric evaluation was necessary. The fact that she has fared well over the course of more than two years supports our initial judgment. Hence, while requesting a psychiatric evaluation should always be considered, especially if a psychogenic stressor was present, we do not believe it should be undertaken on a routine basis.

### Conflicts of interest

The authors have no conflicts of interest to declare.

### Reference

1. Gulgun M, Fidanci MF, Genc AF. Delayed diastolic recovery and more prevalent psychiatric disorder in Takotsubo cardiomyopathy. *Rev Port Cardiol.* 2016;35(6):385.

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