even disrupt the term cardiorenal, and perhaps the term renocardiac is more appropriate, because HF therapies may not be as effective or as often used in patients with a poor renal function.

*Khibar Salah, MD  
Wouter E. Kok, MD, PhD  
Yigal M. Pinto, MD, PhD  
*Heart Failure Research Center  
Department of Cardiology  
Academic Medical Center  
University of Amsterdam  
Meibergdreef 15, K2-119  
1105 AZ Amsterdam  
the Netherlands  
E-mail: k.salah@amc.uva.nl  
http://dx.doi.org/10.1016/j.jchf.2015.12.002

Please note: The authors have reported that they have no relationships relevant to the contents of this paper to disclose.

REFERENCES

The “Obesity Paradox” Is Not a Paradox: Time to Focus on Effective Treatments

I recently read the editorial comment by Lavie and Ventura (1) with interest but also with disappointment. My disappointment is because several papers from different authors have illustrated that the reported relationship between obesity and survival from heart failure occurs because all of the observational analyses suffer from a very serious bias if one is exploring causal effects—for 2 examples, see Banack and Kaufman (2) and Preston and Stokes (3). The explanation was even provided in a letter to the editor on a recent publication by Lavie that is cited in this editorial (4). Dr. Lavie did not respond to the letter and it remains unclear why he has not incorporated such a simple and plausible explanation into this recent editorial.

As one example, one can divide causes of heart failure into those due to obesity and those not due to obesity. If the nonobese causes of heart failure (e.g., genetics, viral myocarditis) have a worse prognosis than obese causes of heart failure, one would expect to see the observed data even if obesity worsens survival in heart failure. This is expected and not a paradox.

Heart failure is a tragic illness. Focusing attention on the unjustified fascination that obese patients with heart failure do better than nonobese patients with heart failure may be diverting attention from proper prevention and treatment. This is especially true given that Lavie himself reviewed research on weight reduction programs in heart failure patients and concluded that weight reduction improves outcomes (5). I look forward to future academic efforts toward best treatment practices rather than repeating a theory that promotes unnecessary confusion.

*Ian Shrier, MD, PhD  
*Centre for Clinical Epidemiology  
Lady Davis Institute for Medical Research,  
Jewish General Hospital  
3755 Cote Ste-Catherine Road  
Montreal QC H3T 1E2, Quebec  
Canada  
E-mail: ian.shrier@mcgill.ca  
http://dx.doi.org/10.1016/j.jchf.2015.11.002

Please note: Dr. Shrier has reported that he has no relationships relevant to the contents of this paper to disclose.

REFERENCES

REPLY: The “Obesity Paradox” Is Not a Paradox: Time to Focus on Effective Treatments

We were delighted at Dr. Shrier’s interest in our editorial (1). Referring to the letter regarding our Heart editorial (2), a response was posted almost immediately (3). Support for the obesity paradox, however, does not promote obesity, which adversely impacts many of the cardiovascular (CV) disease