Author`s Reply

To the Editor,

We would like to thank the authors of the letter for their criticism about the present study published in the March issue of Anatol J Cardiol 2020; 23: 218-22 (1). The present study revealed that CIMT reduction was not significant from baseline to the 6th month, whereas it became significant at the 9th month of follow-up (1).

The first meta-analysis of several large-cohort studies that assessed the association between carotid artery intima-media thickness (CIMT) and the risk of future cardiovascular events in-

dicated that increased CIMT is a strong predictor of future cardiovascular events (2). CIMT is a noninvasive method performed using ultrasound imaging to measure the artery wall thickness (3). CIMT is a marker of subclinical atherosclerosis (asymptomatic organ damage) and should be evaluated in all asymptomatic adults or patients with a moderate risk of cardiovascular disease. Intima-media thickness values >0.9 mm should be considered abnormal (4, 5).

Linear mixed model (LMM) is generally recommended because of its potential to provide more suitable data in terms of temporal changes (6, 7). We agree with you about using LMM instead of the Friedman test because LMM can provide more information for our study.

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