


B-6 even in the atherothrombotic complications of CAD (44). The results of several ongoing trials on the effect of supplementation with folic acid and other B vitamins, including vitamin B-6, in reducing the risk of CAD associated to hyperhomocysteinemia could certainly contribute to resolve this issue (45–49).

These observations emphasize the importance of PLP as a significant risk factor for CAD and, in addition, underline the importance of considering vitamin B-6 status in the assessment of the risk of CAD, thus opening new insights for the potential identification of innovative as well as easily feasible therapeutic strategies. 

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