

## Authors' response

We appreciate the comments and interest from Balta et al. [1] on our study “A prospective study about impact of renal dysfunction and morbidity and mortality on cardiovascular events after ischemic stroke” published in “Cardiology Journal” [2].

We agree that there are many risk factors that predict cardiovascular (CV) events and mortality in patients after ischemic stroke. Results of our study showed that also renal dysfunction is an independent risk factor for CV mortality after ischemic stroke. In our study, several cofactors were analyzed however, anemia was not a co-factor under investigation, yet we agree that further studies on this topic should be done.

At the time our study was designed the Modification of Diet in Renal Disease (MDRD) study equation was the most widely used formula in clinical practice [3]. Moreover, the MDRD study equation was widely applied and evaluated in numerous previously published studies. However, regarding new guidelines for evaluation of patients with renal dysfunction, which emphasize the use of more accurate glomerular filtration rate equations,

further studies with use of the new creatinine-based (Chronic Kidney Disease Epidemiology Collaboration — CKD-EPI) equation for estimating renal dysfunction on further CV events and CV mortality in patients after ischemic stroke should be undertaken [4].

**Conflict of interest:** None declared

### References

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