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REPLY: Clinical Benefit of Warfarin in Dialysis Patients With Atrial Fibrillation



Drs. Chan and Siu reviewed the data on warfarin for patients with atrial fibrillation (AF) on dialysis. They argued that one of the merits of the study by Shah et al. (1) was the high prevalence of warfarin users and that one of the merits of our study was that we were able to distinguish between patients on hemodialysis and patients on peritoneal dialysis. Unfortunately, consensus on this important subject has not yet been reached, and the prevalence of warfarin usage among patients with AF and severe chronic kidney disease varies among countries and among clinics. In a recent Swedish study of patients with post-myocardial infarction AF (2), only 66 of 478 patients (13.8%) with an estimated glomerular filtration rate of <16 ml/min/1.73 m² received warfarin at baseline compared with 46.0% of dialysis patients in the study by Shah et al. (1).

We agree that the net clinical benefit of warfarin may be different in patients with AF on peritoneal dialysis than patients with AF on hemodialysis. Most of the observational studies in this area have focused on warfarin for hemodialysis patients (3,4), and in our study, we only found a significant effect difference of warfarin between peritoneal and hemodialysis patients among patients with low-risk AF (a relatively small group) (5). Because we still do not have data from randomized clinical trials on the benefit of warfarin in patients with AF on dialysis, new data from observational cohorts are welcomed.

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