

# Prevention of Recurrent Stroke: Response to the Letter by Arugaslan et al

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Arugaslan et al raise some points in their letter entitled “Role of Rhythm Control in Prevention of Recurrent Stroke.”<sup>1</sup>

As we report in our article, rhythm control strategy is associated with decreased rates of recurrent stroke in patients with atrial fibrillation (AF).<sup>2</sup> Arugaslan et al<sup>1</sup> mention that the average age in our study group is below 65 years. Atrial fibrillation is more problematic in elderly patients especially after cardioversion.<sup>3</sup> The patients were randomly included in our study,<sup>2</sup> and we did not aim to select patients younger than 65 years. Hence, further studies are needed to study the characteristics and course of AF in the elderly patients.

It is well known that amiodarone has side effects when administered as a bolus dose. Also, it has high rates of discontinuation.<sup>4,5</sup> We observed similar rates of side effects and discontinuation. There were no additional patients who discontinued their treatment.

As indicated by Arugaslan and colleagues,<sup>1</sup> 24-hour or longer duration Holter rhythm monitoring may better identify patients with asymptomatic paroxysmal AF episodes. In our study, we also investigated the patients with 24-hour and longer rhythm Holter monitoring.


The therapeutic range of warfarin has critical importance in cases of AF, as stated by Arugaslan et al.<sup>1</sup> Warfarin therapy was adjusted in our patients to provide international normalized ratio levels in a range of 2 to 3.

Definitely stroke risk assessment in patients who underwent catheter ablation and left atrial appendix closure with a device may be promising.<sup>1,5</sup> However, both procedures were not clearly established and frequently applied methods in the country when we initiated our research. Thus, we lack such data and we will be presenting the efficiency of both techniques on stroke prevention as soon as we finish our further studies.

Another issue concerns direct oral anticoagulants. Again, when we first started the study, the direct oral anticoagulants were not available in the country. When they become available, wide use of these agents were compromised due to the social security services reimbursement strategy. In addition, the randomization of the group would be highly complicated if we have included the patients using direct oral anticoagulants while the research had already been started. Moreover, it would be against the methodology of the study. The results of the

patients taking direct oral anticoagulants will be presented in separate research.

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