# THE ANATOLIAN JOURNAL OF CARDIOLOGY



### Reply to Letter to the Editor: "Can Differences in Non-Vitamin K Antagonist Oral Anticoagulant Preferences Result in Varying Clinical Outcomes in Patients with Atrial Fibrillation?"

To the Editor,

We extend our gratitude to the authors for their thorough review and reiterated emphasis on the pivotal aspects of the presented findings of our study<sup>1</sup> in their correspondence titled "Can Differences in Non-Vitamin K Antagonist Oral Anticoagulant Preferences Result in Varying Clinical Outcomes in Patients with Atrial Fibrillation?"<sup>2</sup>

Since our article presents real-life data, it was not possible to evaluate the appropriate or inappropriate doses of the agents used. Our investigation centered on assessing medications prescribed by cardiologists within their customary practice, deeming these dosages appropriate for their respective patients.

In routine clinical practice, meticulous evaluation by cardiologists to determine optimal patient assessment and dosage allocation holds significant importance. This decision-making process necessitates comprehensive awareness of patientspecific risk factors alongside a profound grasp of both pharmacodynamic and pharmacokinetic characteristics associated with the prescribed medication. Our investigation exclusively encompassed patients under the care of cardiologists for non-valvular atrial fibrillation, a subset acknowledged for its extensive familiarity and predominant utilization of this class of medications. The possibility of inadequacies in the initiation of appropriate drug dosages remains relevant across the spectrum of all non-vitamin K antagonist oral anticoagulants groups examined in our study. Such occurrences, universally applicable to all categories, may stem from deficiencies in knowledge pertaining to drug usage or apprehensions regarding potential drug-related effects. This scenario could potentially be applicable to any drug category examined within our study. If this situation was indeed present for a specific drug and dosage and impacted the results, as criticized by the authors, it would also indicate a high incidence of incorrect dosage selection for the specific drug in everyday clinical practice which still would potentially lead to experiencing adverse cardiac endpoints. The significance of real-world data studies lies in their absence of an overarching regulatory mechanism, thereby offering a portrayal of challenges patients might encounter in their everyday lives. These studies serve as a pragmatic reflection of clinical scenarios and contribute substantial insights into patient experiences beyond controlled settings.

#### REFERENCES

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- 2. Özlek B. Can differences in NOAC preferences result in varying clinical outcomes in patients with atrial fibrillation? *Anatol J Cardiol*. 2024;28(1):68-69.

## LETTER TO THE EDITOR REPLY

Serkan Ünlü D¹
Servet Altay D²
Ömer Gedikli D³
Özge Özden D⁴
Uğur Canpolat D⁵
Lütfü Aşkın D⁴
Çağrı Yayla D²
Ahmet Yanık D³
Hüseyin Altuğ Çakmak D³
Ümit Yaşar Sinan D¹0
Feyzullah Beşli D¹¹
Mahmut Şahin D³
Seçkin Pehlivanoğlu D¹²

Department of Cardiology, Faculty of Medicine, Gazi University, Ankara, Türkiye Department of Cardiology, Faculty of Medicine, Trakya University, Edirne, Türkiye Department of Cardiology, Faculty of Medicine, Ondokuz Mayıs University, Samsun, Türkiye

<sup>4</sup>Department of Cardiology, Bakırköy Dr. Sadi Konuk Training and Research Hospital, İstanbul, Türkiye

<sup>5</sup>Department of Cardiology, Faculty of Medicine, Hacettepe University, Ankara, Türkiye

<sup>c</sup>Department of Cardiology, Faculty of Medicine, Adıyaman University, Adıyaman, Türkiye

<sup>7</sup>Department of Cardiology, Yüksek İhtisas Training and Research Hospital, Ankara, Türkiye

\*Department of Cardiology, Samsun Training and Research Hospital, Samsun, Türkiye 
\*Department of Cardiology, Mustafa Kemal 
Paşa State Hospital, Bursa, Türkiye 
\*Institute of Cardiology, Faculty of Medicine, 
istanbul University, İstanbul, Türkiye 
\*IDepartment of Cardiology, Faculty of 
Medicine, Harran University, Şanlıurfa, Türkiye 
\*Zepartment of Cardiology, Faculty of 
Medicine, Başkent University, İstanbul, Türkiye

#### Corresponding author:

2024;28(1):70.

Cite this article as: Ünlü S, Altay S, Gedikli Ö, et al. Reply to letter to the editor: "Can Differences in Non-Vitamin K Antagonist Oral Anticoagulant Preferences Result in Varying Clinical Outcomes in Patients with Atrial Fibrillation?". Anatol J Cardiol.

DOI:10.14744/AnatolJCardiol.2023.4097



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