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Authors' reply

Dear Editor,

We thank the authors for their important comments on our article. We agree that long-term anticoagulant use may result in increased occult bleeding and iron deficiency (ID) in patients with atrial fibrillation (AF). Patients with any history for treatment of anemia or ID in the prior 12 months had been excluded from our study, but patients with occult blood loss may have remained undetected. We have to keep in mind that all patients in the study group were using oral anticoagulants, and prevalence of ID was not different among the controls and paroxysmal AF, only slightly higher in persistent AF and significantly higher in permanent AF. Contrary to ID, prevalence of anemia among the AF patients with and without ID was relatively low (33.3% vs. 18.9%). The significant association of ID with hs-CRP in univariate analysis indicates that not only occult loss but also other mechanisms, especially inflammation should play a role in the increased frequency of ID.

The authors' comments on the associated medications and iron metabolism are important. We had excluded the patients with overt gastrointestinal bleeding, however, we haven't analyzed proton pump inhibitor usage separately, which is known to decrease iron absorption and lead to ID anemia.^[1] The patients with

systolic heart failure had been excluded from the study, which may be a cause for low digoxin usage among the study population (6.9% of all patients). Besides, in regression analysis the digoxin use was not associated with ID. Larger studies are required to reveal any possible effect between concomitant medications and ID in AF patients. Finally, we agree with the authors' statement about the association between oral anticoagulation usage duration and ID. Due to the retrospective design of the study, we could not reliably determine the duration of AF and drug usage. This might have been stated as a limitation. Nevertheless, we stratified the patients according their AF patterns and this categorization may reflect the duration of AF and indirectly oral anticoagulation usage duration.

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References

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