

Letter to the Editor

Oral Anticoagulation in Atrial High Rate Episodes

We have read with interest the study entitled, "Clinical Impact of Oral Anticoagulation in Patients with Atrial High-rate Episodes" by Marinheiro et al.¹ Although it's a well-designed study that included a significant number of patients initially, we would like to contribute to some points. The incidence of atrial high-rate episode (AHRE) was found to be approximately 30% in important studies.^{2,3} In this study AHREs were detected in 86 (9.3%) patients and this ratio is lower according to other studies. We think that it is difficult to provide a safe and clear data about the outcomes with this small number of patients. There is no data on whether patients use antiarrhythmic drugs in basal characteristics. We would like to point out that the use of antiarrhythmic drugs may affect the incidence of AHRE. Oral anticoagulation (OAC) is recommended in patients with atrial fibrillation burden >5.5 hour/day and 2 additional CHA₂DS₂-VASc risk factors but in patients with lower duration it is stated that there should be multiple risk factors to merit OAC in the European Heart Rhythm Association consensus document chaired by Bulent Gorenek.⁴ In this study, it was necessary to state more clearly how the patient selection was made for OAC. On the other hand, this study has shown that AHREs predict the future development of AF and risk is higher in those with a longer duration of AHRE. So, we would like to emphasize that this result supports other studies and contributes to the literature. Also, threshold of AHRE duration, which increases the risk of

stroke, and in which the OAC is beneficial, are controversial. It can be a source for future studies on these issues.

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Reference

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