

**Author's response to reviews**

**Title:** Predictors of Warfarin Use in Atrial Fibrillation in the United States: A Systematic review and Meta-Analysis

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**Version:** 3  **Date:** 21 December 2011

**Author's response to reviews:** see over
EDITOR'S COMMENTS:

Please check the numbering of all references. Reference number 46 page 9 refers to reference 47. I have not checked every reference but you should.

Referencing checked and error corrected.

Discussion

The start of the discussion repeats statements you have already made in the introduction, about benefits and risks of oral anticoagulation. Although this is frequently done I believe the same statement should not be made twice in an article.

This has been removed per the editor's suggestion.

However starting a discussion with a summary of the main findings is generally appreciated by the readers, who frequently skip a lengthy result section.

The first paragraph of the discussion is now a brief recap of the major findings of our systematic review/meta-analysis.

You are doing an excellent job explaining the strength and limitations of your review. However this is also an opportunity to criticize the possible shortcoming of the studies you have included in the review (e.g. see your reference 5 Bungard et al.).

Criticism of studies have been added to the discussion section starting on page 14.

There are many reasons why OAT is not prescribed which might have not been captured by the studies you included in your survey. e.g. alcoholism, remote living, previous adverse events, polypharmacy, patients willingness to take OAT. This is why I recommended a reception of Weisbord et al. 2001 which you have opted not to do.

We have revised our discussion section to acknowledge that not all available literature suggests warfarin is underused. We specifically reference Weisbord et al 2001 in doing so. Moreover, we now provide a list of potential reasons/predictors on warfarin nonuse in the last full paragraph of page 14. Finally, we acknowledge the general point that many reasons why OAT is not prescribed might have not have been captured by the studies in our meta-analysis.

Conclusion

Your conclusion for practice is fine but how about conclusion for research. What should future researchers keep in mind when assessing OAT use in AFib.

We have included “implications for research” in our conclusions section.
Reviewer's report (Reviewer#1)
Title: Predictors of Warfarin Use in Atrial Fibrillation in the United States: A Systematic review and Meta-Analysis
Version: 2 Date: 5 December 2011
Reviewer: Olivia J Phung
Reviewer's report: The authors were able to address all concerns. No further comments.
Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.

Thank you!

Reviewer's report (Reviewer#2)
Title: Predictors of Warfarin Use in Atrial Fibrillation in the United States: A Systematic review and Meta-Analysis
Version: 2 Date: 3 December 2011
Reviewer: William L Baker
Reviewer's report: The authors have satisfactorily addressed my comments. This paper is now acceptable for publication in my view.
Level of interest: An article of outstanding merit and interest in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by an statistician.
Declaration of competing interests: I declare that I have no competing interests.

Thank you!