Reviewer's report

Title: Atrial Fibrillation in Chronic Dialysis Patients in the United States: Risk Factors for Hospitalization and Mortality.

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Reviewer: Dr Asher Korzets

Level of interest: A paper of limited interest

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

This article is potentially interesting to all clinical nephrologists, because it deals with a very common clinical dilemma and it also contains an important therapeutic point - chronic coumadin therapy is not only safe but it may prolong life in these pts. And coumadin is not a drug that many nephrologists like to give, especially in the elderly.

Eventually, however, the article is disappointing in many aspects- some of which are mentioned (by the authors themselves) in the discussion section (under "study limitations"). The article is at times disjointed, and sometimes consecutive sentences do not follow a common theme.

Furthermore-this article should mention calcified mitral/aortic valves and the possibility of hypokalemia (NDT, 16:1090,2001) as possible contributing factors in atrial fibrillation.

Specific points:

p4-introduction: the sentence"for example,Foley....." should read "LV enlargement is more common in all dialysis pts" (if one reads the previous sentence) DISCRETIONARY

p8-results: "common" instead of "was not uncommon" DISCRETIONARY

p8,Table 2: I do not understand the percentages used. Should they not be 76(62%),29(24%),14(11%),4(3%) and so on thro' out the table? COMPULSORY

p8,Table 2: the number 20 regarding the presence of LVH by echo-is it correct? COMPULSORY

p8,tables: there is an obvious discrepancy between the text and the numbering of the tables (in the article printout). In the tables themselves there are 5 tables,not 4,as implied by the text. Table 3 should be Table 4; Table 4(cox regression...hosp.artial fib) should be Table 3, and the second(!!) Table 4(cox...
regression...mortality) should be Table 5. COMPULSORY

p9, para 2: when discussing worsening survival in pts with atrial fib-is this correct for 1-yr, 2-yr, 3-yr survival rates? p values should be added to the "survival Table" Table 4. COMPULSORY

p9, final para: the diagnosis chronic renal failure (11%) should be removed. COMPULSORY

p9, final para: the last sentence "only the use of coumadin(Fig 4)...." is badly written - and isn't it paradoxical to what the authors are trying to say? COMPULSORY

p10: why do we need to know "similar analysis performed for use of cardioselective B blockers..."? DISCRETIONARY

p11-discussion, para 1: the incidence of 26% deaths - unknown cause is high. Later on the authors state the too few PM are being performed. Could these bdeaths be emolic disease? DISCRETIONARY

p12, para 1: "might be much" should read "is". DISCRETIONARY

p12, para 1: Harnett is not the 1st author. Foley is. COMPULSORY

p12, para 1: 6th sentence should read "Also hosp.congestive heart failure is more common in HD rather than in PD pts, especially for those on the renal transplant waiting list" DISCRETIONARY

p13, sentence 1: can also emphasize the finding of Weisholzer et al by saying that in this study only 3% pts died from stroke. DISCRETIONARY

In the new tables 3/5 should not predialysis SBP read (vs 162) instead of just (vs I believe that the only Fig of worth is Fig 4. DISCRETIONARY

**Competing interests:**

None declared.