Author's response to reviews

Title: Antithrombotic treatment in elderly patients with atrial fibrillation: a practical approach

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Author's response to reviews: see over
Antithrombotic treatment in elderly patients with atrial fibrillation: a practical approach
Carmen Suarez Fernandez, Francesc Formiga, Miguel Camafort, Jose María Cepeda Rodrigo, Jesús Díez-Manglano, Antonio Pose Reino, Gregorio Tiberio and Jose María Mostaza

Dear Editor:

Firstly, we would like to thank Reviewer's suggestions that have improved the quality of the manuscript. We have adapted our manuscript to the changes required and marked with yellow highlighter.

Reviewer: Salma Esmaeil

Reviewer's report:

I would like to thank the authors for this nice systematic review, dealing with a critical issue under the title of "Antithrombotic treatment in elderly patients with Atrial fibrillation : a practical approach"

I just have few comments

Major

1. In my opinion, a metaanalysis would be better used to identify better management of patients with AF in elderly population, with a complete mention of all the studies dealing with this issue.

The aim of this update was to review the available evidence about the management of anticoagulation in elderly patients with AF and provide some practical recommendations about different controversial issues. A total of 13 different issues, those don’t have scientific evidence that allows taking a clear position, were analyzed. Although the information provided by a meta-analysis is of great importance, a meta-analysis usually focuses only on one or 2 points. As a result, we respectfully think that performing a meta-analysis may not be the best option for this review.

2. What about the recent guidelines of AF?

Information regarding the recent European recommendations about the use of non-vitamin K antagonist anticoagulants in patients with non-valvular atrial fibrillation has been included in the manuscript.

Minor

Few language and spelling errors

1. line 100: make it compared to instead of with
2. line 117: omit vitamin k antagonists , just keep VKA
3. line 118: three fold increase in risk not increased
4. line 152: omit its
5. line 170: make it regardless of
6. line 265: add be would be the
7. Line 268: better to put fragile than frail
8. Table 1: add spaces in the medication non-adherence

The language and spelling errors have been corrected accordingly.

**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.

Reviewer: Brian C Cooley
Reviewer's report:

This manuscript provides a timely review and set of guidelines for use of direct oral anticoagulants versus conventional (e.g., warfarin) anticoagulation for atrial fibrillation patients.

1. The manuscript overall has many poorly written sections that should be rewritten. Some parts of the manuscript have been improved.

2. Lines 129-130: “time in therapeutic range should be carefully controlled over time” -- How is time ... controlled over time? The authors need to clarify this statement. This statement has been clarified.

3. Lines 133-134: “alcohol abuse should be avoided” – When would it be recommended that alcohol abuse is ever okay? Perhaps the authors mean alcohol use, not abuse, in this context. The sentence has been modified as suggested.

4. Lines 151-155: This entire paragraph pertains to anemia and has one citation in support, but this citation does not discuss anemia at all or even hemoglobin levels and hemogram evaluations for 6 or more months, or anything of relevance to the paragraph. This paragraph has been expanded and new references have been included.

5. Lines 186-187: “A number of studies have shown that many patients with cognitive impairment and AF are not anticoagulated.” There are no reference citations for these “studies” anywhere in the paragraph; there should at least be a review cited and ideally some primary references. The references of these studies have been included in the manuscript.

6. Lines 233-234: “Antihypertensive treatment should be carefully prescribed in this population in order to avoid it” – What in this sentence is the “it” to be avoided? Antihypertensive treatment? The sentence has been rephrased.

7. The abstract should be a summary of the text. It should not contain subsections entitled “Discussion” and “Summary”. The Summary section and the “Background” subtitles should be removed and the abstract should be a single paragraph. According to the instructions of BMC Cardiovascular Disorders, the abstract should be divided in 3 sections: background, discussion and summary.

8. The term, thromboembolism, should be defined more clearly, since it can mean venous thromboembolism or “systemic embolism”. The authors appear to be confining their use of the term to arterial-based thromboembolism, but this should be clearly stated. Since the review is focused on patients with atrial fibrillation, the term thromboembolism refers to arterial thromboembolism. This has been clarified in the text.
9. The second heading of the text, “Discussion”, is not appropriate since this is generally reserved for discussing the preceding material that has been presented, not as the main subsection of the paper. 
This term has been changed to *evidence and recommendations*.

10. The term, fragility, is used to describe frail patients. Though this is commonly applied, it is more relevant to orthopaedic concerns (fragile bones, osteoporosis), and thus, frailty is the more generalized term to applied to the frail patient. 
The term fragility has been changed to frailty.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.