Letter to the Editor

Concerns Regarding the Potential Drug Side Effects and Follow-Up Duration in the Study "Comparison of the Efficacy of Atorvastatin and Rosuvastatin in Preventing Atrial Fibrillation after Coronary Artery Bypass Grafting"

Dear Editor,

I am writing to express my appreciation for the article recently published in the Journal of Tehran University Heart Center by Zahra Samadifar et al,[1] titled "Comparison of the Efficacy of Atorvastatin and Rosuvastatin in Preventing Atrial Fibrillation after Coronary Artery Bypass Grafting: A Double-Blind Randomized Comparative Trial." The study provides valuable insights into the comparative efficacy of atorvastatin and rosuvastatin in preventing atrial fibrillation after coronary artery bypass grafting.

While the research offers meaningful contributions, I would like to raise a concern regarding the absence of reported potential drug side effects. Statins are known for their lipid-lowering, anti-inflammatory, and antioxidant properties and may have various effects on the body. It is crucial to document any observed side effects to provide a comprehensive understanding of the safety profile of the drugs.

Additionally, I wish to address the duration of the follow-up period in this randomized controlled trial. The authors conducted a 3-month follow-up to assess outcomes, including mortality. While I acknowledge the need for a reasonable follow-up duration, it is essential to consider whether a 3-month period is sufficient to capture potential long-term effects, particularly concerning mortality and other adverse events. Some drug-related side effects and outcomes may not manifest within this relatively short timeframe. Extending the follow-up period could provide a more comprehensive understanding of the impact of the drugs.

I recommend that the authors consider addressing potential drug side effects in future publications and discuss the choice of the 3-month follow-up duration, including its strengths and limitations. This consideration will enhance the completeness and interpretation of the study findings.

I commend the authors' efforts in contributing valuable research to the scientific community and believe that addressing these concerns will further strengthen the impact and relevance of their work.

Yours truly,

Fatemeh Omidi, MD
Assistant Professor of Cardiology,
Shahid Beheshti University of Medical Sciences,
Department of Cardiology,
Imam Hossein Hospital,
Shahid Madani St,
Tehran,
Iran.
Tel: +98 21 73430.
Fax: +98 21 7755-7069.
E-mail: Dr.fateme.omidi@gmail.com.
ORCID: 0000-0001-7302-9136.

References

1. Samadifar Z, Aslanabadi N, Kazemi Arbat B, Separham A, Javanshir E. Comparison of the Efficacy of Atorvastatin and Rosuvastatin in Preventing Atrial Fibrillation after Coronary Artery Bypass Grafting: A Double-blind Randomized Comparative Trial. J Tehran Heart Cent. 2023;18(2):115-121.

Concerns Regarding the Potential Drug Side Effects and Follow-Up Duration in the Study "Comparison of the Efficacy of Atorvastatin and Rosuvastatin in Preventing Atrial Fibrillation after Coronary Artery Bypass Grafting": A Reply

Dear Editor,

We are grateful for your and the readers' attention to our article, "Comparison of the Efficacy of Atorvastatin and Rosuvastatin in Preventing Atrial Fibrillation after Coronary

Artery Bypass Grafting: A Double-Blind Randomized Comparative Trial," published in the Journal of Tehran University Heart Center. We appreciate the time and effort you and the readers have dedicated to providing feedback through the Letter to the Editor, "Concerns regarding the Potential Drug Side Effects and Follow-Up Duration in the Study "Comparison of the Efficacy of Atorvastatin and Rosuvastatin in Preventing Atrial Fibrillation after Coronary Artery Bypass Grafting."

According to the guidelines, patients with coronary artery disease and candidates for coronary artery bypass grafting (CABG) should be treated with statins. Common statins used nowadays include atorvastatin and rosuvastatin. There have been numerous studies on the anti-inflammatory effects of these medications and their preventive impact on atrial fibrillation (AF), with varying results. Our research focused on the preventive differentiation between these 2 drugs on AF.

Drug side effects are an essential consideration for patients when using medications. Assessing medication side effects in CABG patients proved challenging. Given the limited understanding of the subjective and objective side effects of statins in patients undergoing CABG, our study did not focus on this aspect. Even the initial results on drug side effects, such as muscle pain, were excluded from the final results due to the inability to confirm them as statin side effects.

Evaluating drug-related side effects in trials with fewer confounding variables seems necessary to confirm drug-related side effects.

The probability of AF occurrence is higher 2 to 4 days after CABG, often within the first 30 days. However, we did not have the opportunity to use a loop recorder and monitor AF over a more extended period (30 days).

We agree with your opinion regarding the 3-month follow-up. This is a short period for assessing mortality. Our study examined only perioperative mortality, aiming to investigate patients' short-term outcomes, although long-term evaluations and follow-ups of mortality would be valuable.

Once again, thank you for your invitation and the readers' valuable feedback. We look forward to hearing from you regarding our response to any further questions and comments you may have.

Yours truly,

Elnaz Javanshir,

Assistant Professor of Cardiology,
Tabriz University of Medical Sciences,
Cardiovascular Research Center,
Madani Heart Center,
Daneshgah Ave,
Tabriz,
Iran.
5166614756.
Tel/Fax: +98 41 33363880.
E-mail: Elnaz.javanshir@yahoo.com.