



Reply

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,

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