Response to Letter Regarding Article
“Cost-Effectiveness of Outpatient Cardiac Monitoring to Detect Atrial Fibrillation After Ischemic Stroke”

Response:

Wachter and colleagues make excellent points.1 We agree that the yield of outpatient cardiac monitoring may well be higher than we assumed in our analysis, especially when monitoring is limited to patients with cryptogenic stroke. We also agree that because cardiac monitoring would mostly identify patients with asymptomatic paroxysmal atrial fibrillation, many patients may not need a rate-control agent such as a beta blocker.

We opted for a conservative approach in selecting these inputs, and look forward to additional studies such as those published by our correspondents, as more data will improve estimates of the cost-effectiveness of cardiac monitoring after stroke.

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