Response to Letter Regarding Article, “Warfarin Versus Aspirin for Prevention of Cognitive Decline in Atrial Fibrillation: Randomized Controlled Trial (Birmingham Atrial Fibrillation Treatment of the Aged Study)”

We would like to thank Zito et al for their letter in response to our article.1 We agree that comprehensive geriatric assessment of the study population would have aided interpretation of the study, but note that the randomized nature of the study means that differences between groups in this domain are unlikely to have contributed to the null finding. We agree that there are limitations with the Mini-Mental State Examination and that detailed neuropsychological testing may have detected more subtle cognitive impairments. It may also be that some of those most vulnerable to cognitive decline were excluded from the study because of initial cognitive screening and exclusion of those with a Short Orientation Memory Concentration score <10 unless they had a carer responsible for their medication. This exclusion reflects the real-world situation in which patients would be considered for anticoagulation. Overall, we feel that this study presents the best available evidence regarding anticoagulation for cognitive decline to date within the constraints of a large clinical trial in which cognitive function was measured as a secondary outcome. We would welcome further research into this area with trials of newer anticoagulants and the use of more detailed cognitive assessments.

Disclosures

None.

Nahal Mavaddat, PhD
Primary Care Unit, Department of Public Health and Primary Care, University of Cambridge, Strangeways Laboratory Cambridge, United Kingdom

Andrea Roalfe, MSc
Kate Fletcher, PhD
Primary Care Clinical Sciences, University of Birmingham Edgbaston, Birmingham, United Kingdom

Gregory Y.H. Lip, MD
University of Birmingham Centre for Cardiovascular Diseases City Hospital Birmingham, United Kingdom

F.D. Richard Hobbs, FMedSci
Department of Primary Care Health Sciences New Radcliffe House, Radcliffe Observatory Quarter University of Oxford Oxford, United Kingdom

David Fitzmaurice, MD
Primary Care Clinical Sciences, University of Birmingham Edgbaston, Birmingham, United Kingdom

Jonathan Mant, MD
Primary Care Unit, Department of Public Health and Primary Care, University of Cambridge, Strangeways Laboratory Cambridge, United Kingdom

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Nahal Mavaddat, Andrea Roalfe, Kate Fletcher, Gregory Y.H. Lip, F.D. Richard Hobbs, David Fitzmaurice and Jonathan Mant

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