Although diabetes is part of the CHADS2 risk stratification system, we have found this co-morbidity in 16.5% of elderly patients [4].

In AF, diabetic patients often have small vessel disease and consequently a higher risk of bleeding with warfarin thus influencing the choice between aspirin and warfarin for stroke prevention [5].

This is an interesting study but, as hinted at by the authors in their conclusion, has limited application in clinical practice. It does, however, highlight that with careful stratification of individual risks in AF and subsequent anticoagulation there is a group of patients traditionally viewed as ‘high-risk’ for such intervention who could safely decide to choose warfarin rather than aspirin.


There are no randomised controlled trial data on the efficacy and tolerability of Warfarin or aspirin as thrombo-prophylaxis in octogenarians. The WASPO study was the first.

It is therefore difficult to see how we could apply a score derived from trial data (the CHADS2 score) in our patients. Since the absolute risk of a thrombo-embolic event increases with age our initial assumption was that Warfarin was more likely to be effective than aspirin in reducing these events as it has a greater relative risk reduction than aspirin in all the published trials. The CHADS2 score does not give an attributable risk to age >80 years but all the registry data suggests that it is higher than that for patients >75 years. We therefore did not see the value of pre-randomisation risk stratification—all 80-year-olds with atrial fibrillation are at high enough risk to get more benefit from Warfarin than aspirin. We thought this was established wisdom.

NICE guidelines were developed after we started the study and could therefore not be applicable to our study design. In any event, guidelines are largely based on the published literature, as was our study, although NICE guidelines are also influenced by opinion, as illustrated by the statements about aspirin dosage.

Our study was not large enough to clearly demonstrate that either drug was superior with regards to efficacy. However, what we did show was that compliance with Warfarin in a relatively fit group of 80-year-olds was good and safe compared with aspirin.

This was the key message, which we highlighted in the paper by quoting the actual frequency of Warfarin use in this population from the published literature. We are pleased that Drs Dudley and Fuller recognised this also.

Nigel Dudley∗**, Richard Fuller2
1 Department of Elderly Medicine, St James’s University Hospital, Leeds LS9 7TF, UK
Email: nigel.dudley@leedsth.nhs.uk
2 School of Medicine, University of Leeds, Leeds LS2 9JT, UK
∗To whom correspondence should be addressed

Reply
Sir—We thank Drs Dudley and Fuller for their comments.

Kevin Channer∗, Amar Rash, Tom Downes
Consultant Cardiologist, Hon Professor of Cardiovascular Medicine, Sheffield Hallam University, UK
Email: Kevin.Channer@sth.nhs.uk
∗To whom correspondence should be addressed

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Standards in dementia care
SIR—I read with interest the book review by D. Jolley [1] about ‘Standards in Dementia Care’ edited by Alistair Burns in the March issue. The publication was done by the ‘European Dementia Consensus Network’ (EDCON) [2] and was sponsored by the Madariaga European Foundation [3] and co-sponsored by Janssen-Cilag [2], a manufacturer of an anti-dementia drug. In the book review and also on the websites there is no information about the role of sponsoring and no declarations of possible conflicts of interest. While pharmaceutical sponsorship is widespread and influences reported study outcome [4, 5] and the content of medical

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journals in general [6, 7], I want to address the topic that even the relationships of researchers and physicians in expert boards have to be clarified [8–10]. Without a transparent politic of conflicts of interest, the reader may not recognise the possible influence of industrial sponsors.

MANFRED GOGOL
Klinik für Geriatrie, Krankenhaus Lindenbrunn,
Lindenbrunn 1, D-31863 Coppenbruegge, Germany
Tel: 0049-5163-782-295; Fax: 0049-5163-782-287
Email:gogol@krankenhaus-lindenbrunn.de


Reply

I am grateful to Gogol for raising the important issue of disclosure of potential conflicts of interest [1]. Like most medical journals, Age and Ageing expects authors to declare all such interests, as outlined in the instructions to authors in the printed journal and on the website (http://www.oxfordjournals.org/ageing/for_authors/index.html). In contrast, many monographs, multi-author textbooks and conference proceedings do not provide this information. In the case of the book review mentioned in Gogol’s letter, Professor Jolley highlighted that it was published under the auspices of the European Dementia Consensus Network (EDCON), which is sponsored by the Madariaga European Foundation in association with Janssen–Cilag [2]. This information is important to the reader, for the reasons outlined by Gogol. Until all books include an explicit declaration of possible conflicts of interest, we are dependent on the diligence of our reviewers in identifying these and bringing them to the attention of potential readers. In the meanwhile, I will explore the option of asking publishers submitting books for review in Age and Ageing to provide a declaration of potential conflicts of interest. I would also be interested in readers’ views on this issue.

ROGER M. FRANCIS
Editor, Age and Ageing


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