

## Reply to Letter to the Editor: "Rethinking Risk Stratification in Emergency Department Patients with Nonsustained Atrial Fibrillation"

To the Editor,

We sincerely appreciate the thoughtful comments and reflections provided in the letter titled "Rethinking Risk Stratification in Emergency Department Patients with Nonsustained Atrial Fibrillation"<sup>1</sup> regarding our recently published study.<sup>2</sup> We are encouraged by the recognition of our work's relevance to emergency care settings and its potential to inform clinical decision-making in patients presenting with brief episodes of atrial fibrillation (AF).

We fully agree with the authors that nonsustained AF (NS-AF), particularly episodes lasting less than 30 seconds, has traditionally been underestimated in terms of thromboembolic risk, especially in time-constrained environments such as emergency departments. The removal of the 30-second threshold in the 2024 ESC guidelines indeed aligns with our findings and supports a broader, more comprehensive understanding of AF risk burden.<sup>3</sup>

The emphasis placed by the authors of the letter on the high negative predictive value of a CHA<sub>2</sub>DS<sub>2</sub>-VA score <2 is particularly important. As they correctly highlight, our data show that patients with NS-AF and a CHA<sub>2</sub>DS<sub>2</sub>-VA score ≥2 are at substantially increased risk for ischemic stroke. This reinforces the role of early risk stratification in guiding follow-up and treatment planning, even when AF episodes are brief and paroxysmal in nature.

We also support the authors' call for further prospective validation in acute care cohorts. The integration of brief arrhythmic episodes into clinical algorithms remains a challenge, and more real-world data are needed to optimize safe and timely decision-making, particularly in resource limited settings.

Once again, we thank the authors for their insightful engagement with our study. We are pleased that our findings may help stimulate broader conversations on stroke prevention strategies and patient safety in AF management.

**Declaration of Interests:** The authors have no conflicts of interest to declare.

**Funding:** The authors declare that this study received no financial support.

### REFERENCES

1. Gölcük Y. Rethinking risk stratification in emergency department patients with nonsustained atrial fibrillation. *Anatol J Cardiol*. 2025;000-000.
2. Yurtseven E, Ural D, Karaüzüm K, et al. Nonsustained atrial fibrillation in ambulatory ECG recording and thromboembolic events in longterm follow-up. *Anatol J Cardiol*. 2025;29(8):401-408. [CrossRef]
3. Van Gelder IC, Rienstra M, Bunting K V, et al. 2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J*. 2024;45(36). doi:[CrossRef]



Copyright©Author(s) - Available online at anatoljcardiol.com.  
Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

### LETTER TO THE EDITOR REPLY

Ece Yurtseven<sup>1</sup>

Dilek Ural<sup>1</sup>

Kurtuluş Karaüzüm<sup>2</sup>

İrem Yılmaz<sup>2</sup>

Yengi Umut Çelikyurt<sup>2</sup>

Kaan Hancı<sup>2</sup>

Müjdat Aktaş<sup>2</sup>

Ümit Yaşar Sinan<sup>3</sup>

Serdar Küçükkoğlu<sup>3</sup>

Ayşen Ağaçdiken Ağır<sup>2</sup>

<sup>1</sup>Department of Cardiology, Faculty of

Medicine, Koç University, Istanbul, Türkiye

<sup>2</sup>Department of Cardiology, Faculty of

Medicine, Kocaeli University, Kocaeli,

Türkiye

<sup>3</sup>Department of Cardiology, Istanbul

University-Cerrahpaşa, Institute of

Cardiology, Istanbul, Türkiye

**Corresponding author:**

Ece Yurtseven

✉ eyurtseven@ku.edu.tr

**Cite this article as:** Yurtseven E, Ural D, Karaüzüm K, et al. Reply to letter to the editor: "rethinking risk stratification in emergency department patients with nonsustained atrial fibrillation". *Anatol J Cardiol*. 2025;XX(X):1-1.

DOI:10.14744/AnatolJCardiol.2025.5611