


In Reply to ‘Paclitaxel-Coated Balloon Angioplasty for Dysfunctional Arteriovenous Fistula’

We thank Tan et al for their comments on our study1; they have raised some important points about drug-coated balloon (DCB) angioplasty in vascular access treatment. Although there have been several trials focused on DCB angioplasty in the treatment of arteriovenous fistula (AVF) stenosis, there has been controversy surrounding its efficacy and safety. The higher proportion of de novo AVF lesions noted in our trial were in line with what is currently observed in China,2 and as such, we agree that this may have a positive impact on postangioplasty patency compared with recurrent lesions. In addition, many other factors besides the use of DCBs, such as characteristics of the study population and of the AVF—for example, AVF location, AVF age, and presence of calcification, diabetes, and intimal hyperplasia3-7—may also impact postangioplasty AVF patency and requires further study. Furthermore, the follow-up period for primary outcomes in most studies was limited to 6 months, with a lack of persuasive evidence to make conclusions about longer-term patency.

Based on existing data, our opinion is that some patients with certain characteristics may benefit from DCB angioplasty, while others may not. It is regrettable that the characteristics that may lead to better response to DCB angioplasty remain uncertain. Further studies may focus on finding the most appropriate treatment options for a given patient population with AVF stenosis, for instance conventional angioplasty, DCB angioplasty, stent implantation, fistula re-creation, and other potential treatments. In addition, we await future research on DCB angioplasty of arteriovenous grafts and other central venous diseases.

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References


Improving NSAID Prescribing in Older Adults With CKD—Beyond Guidelines

To the Editor:

The recent article from Hall et al1 highlighted that 3 or more potentially inappropriate medications, including...
nonsteroidal anti-inflammatory drugs (NSAIDs), increased the risk of hospitalization, mortality, and falls among adults with chronic kidney disease (CKD). NSAIDs continue to be prescribed to those most at risk for NSAID-associated adverse effects, such as those with CKD and older adults, despite guidelines emphasizing their potentially inappropriate use. In our cross-sectional study of 197,932 older adults from Singapore’s largest cluster of public health care institutions that provide primary and specialist care to nearly a third of the country, comorbid conditions such as diabetes and CKD were prevalent among those prescribed NSAIDs (Table 1). As even short courses of systemic NSAIDs may increase the risks of acute adverse kidney events in older adults with CKD, more needs to be done to improve NSAID prescribing to susceptible older adults.

Interestingly, a Japanese study found that half of the patients with kidney disease received their kidney disease diagnosis and NSAID prescriptions from different clinical departments. The authors attributed these potentially inappropriate NSAID prescriptions to lack of awareness by the prescriber and lack of advice from clinicians who diagnosed kidney disease, thus making a case to improve NSAID prescribing to at-risk individuals.

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Table 1. Comparison of Comorbidities and Potentially Inappropriate Co-prescriptions in the Young-Old and Very Old Prescribed NSAIDs

<table>
<thead>
<tr>
<th>Clinical characteristics</th>
<th>Young-Old: Age 65-79 (n = 78,872)</th>
<th>Very Old: Age ≥80 (n = 19,979)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female sex</td>
<td>46,544 (59.0%)</td>
<td>13,181 (66.0%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25,896 (32.8%)</td>
<td>7,635 (38.2%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>18,621 (23.6%)</td>
<td>10,275 (51.4%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>3,003 (3.8%)</td>
<td>1,406 (7.0%)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Route and type of NSAID

| Topical NSAID                | 65,419 (82.9%)                  | 18,276 (91.5%)                | <0.001 |
| Oral nonselective NSAID      | 30,336 (38.5%)                  | 4,412 (22.1%)                 | <0.001 |
| Oral COX-2 inhibitor         | 19,667 (24.9%)                  | 3,009 (15.1%)                 | <0.001 |

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References


Hall et al declined to respond.