Reply from the authors

Editor—We thank Dr Scheffczik for her valuable contribution in response to our study.1 Dr Scheffczik kindly explains the considerable causes for the lack of significant reduction in overall stroke rate. As Dr Scheffczik points out, we think that low numbers of patients and higher numbers with carotid diseases in the EAS group are important factors which could account for the non-significance of overall stroke rate. As Dr Scheffczik comments, we also think that the conversion rate from off-pump to on-pump is also an important factor regarding stroke rate. However, in our institution, the conversion rate was very low (0.5%), so we did not consider this factor. We agree with Dr Scheffczik that these results require confirmation preferably in a multicentre study.

Declaration of interest

None declared.

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doi:10.1093/bja/aet570

Neuraxial block, death, and serious cardiovascular morbidity in the POISE trial

Editor—I believe I am not alone in finding the study by Leslie and colleagues1 of high interest. Many of us have wondered if the choice of anaesthesia, general vs neuraxial, had a significant effect on the outcomes observed in the POISE trial.2 Let us recall that the POISE trial randomized β-blocker naive patients to either extended-release metoprolol (given immediately before surgery) or placebo. Thus, one can easily imagine a scenario where patients who just received a large dose of metoprolol and underwent subsequent neuraxial block could have developed clinically significant hypotension, and perhaps even adverse outcomes, such as stroke. I hoped that the current study by Leslie and colleagues would answer the question, if there is a clinically relevant interaction between metoprolol, neuraxial anaesthesia, and outcomes. Unfortunately, the article does not provide these important data. Given the importance of an improved understanding regarding the interaction between β-blockers and neuraxial anaesthesia, would it be possible for the authors to provide the readership with two new Tables 2 and 3, stratified not just by neuraxial anaesthesia, but also by metoprolol administration? I understand that this request surmounts to a lot of extra work, but I believe it would offer very interesting insights.

Declaration of interest

None declared.

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doi:10.1093/bja/aet573

Reply from the authors

Editor—We thank Dr Nagele for his interest in our paper1 and his question regarding an interaction between metoprolol, neuraxial block, and outcomes. We are happy to provide this information for all outcomes of our main analysis. There was no evidence for interactions between neuraxial block and randomized treatment with respect to the primary outcome (cardiovascular death, non-fatal myocardial infarction, and non-fatal cardiac arrest within 30 days of randomization) (placebo odds ratio (OR), 1.17; 95% confidence interval (CI), 0.91–1.51; \(P\) = 0.23; metoprolol OR, 1.32; CI, 1.00–1.74; \(P\) = 0.05; \(P\)-value for interaction = 0.54), myocardial infarction (placebo OR, 1.26; CI, 0.95–1.67; \(P\) = 0.11; metoprolol OR, 1.40; CI, 1.02–1.94; \(P\) = 0.04; \(P\)-value for interaction = 0.62), or death (placebo OR, 0.80; CI, 0.51–1.25; \(P\) = 0.32; metoprolol OR, 0.94; CI, 0.64–1.39; \(P\) = 0.77; \(P\)-value for interaction = 0.58). For clinically significant hypotension, the full results are: placebo OR, 1.29; CI, 1.03–1.61; \(P\) = 0.02; metoprolol OR, 1.04; CI, 0.87–1.24; \(P\) = 0.68; \(P\)-value for interaction = 0.14. Numbers of strokes were too small to be submitted to this analysis.

Declaration of interest

None declared.

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doi:10.1093/bja/aet574

It is not the epidural that is dangerous, but the person who gives it

Editor—We want to thank Professor Leslie and colleagues1 for their subanalyses of the POISE trial and their continuing efforts to contribute to the difficult and ongoing debate about the