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Authors' response: Warfarin, medicinal drugs and road traffic accidents

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We thank Dr Alvarez for his comments in response to our paper [1]. We agree that drink-driving is both concerning and important to reduce as a public health goal, and that appropriate prescribing is a key issue in road safety.

The major goal of our study was to assess the validity of a previous finding of a potential hazard for drivers using anticoagulants [2] and provide data for policy makers to make more informed decisions. The extremely high level of use of 'sedating drugs' observed in the members of this cohort is definitely concerning and previous research on the same cohort has explored the public health impact of this use [3].

We agree that distance driven could be important for these studies if it differs widely between users and non-users of warfarin. However, the difference in driving between users and non-users would have to be huge for it to disguise an adverse effect of warfarin use in our study. The lack of risk among the exposed suggests that, insofar as there is any extra risk, the current clinical and regulatory framework in Quebec controls it adequately and that no additional regulation is required.

In terms of alcohol use, we agree that it would have been ideal to record this information. Unfortunately, the nature of our database (based solely on prescription drugs) made this impractical. As alcohol use is not recommended among warfarin users, it is possible that a lower level of 'drink-driving' could explain the protective effects seen in this drug among current users.

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