LETTER TO THE EDITOR

Response to Baranchuk et al.

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We thank Baranchuk et al. for their comments regarding our manuscript and commend the group for pursuing detailed morphological analysis in these patients. We agree that such an approach, in particular measurement of P-wave terminal force, may well yield important advances in predicting recurrence of atrial fibrillation compared to the measurement of duration alone; we look forward to seeing the results of the ongoing work that they describe. The relevance this index in atrial fibrillation patients has also been suggested by other authors.^{1,2}

We concur that stipulating single digit precision is problematic in clinical practice if the measurement is to be performed manually. However, our manuscript does not purport that an exact value of 142 ms be used in this way. Rather the results from our clinical study should be considered as pilot data to inform other investigators. As apparent from the specificity curves in our manuscript

(Fig. 1), in our cohort, a cut-off value 120 ms provided poor discrimination between those with AF recurrence and those without. The use of the 142 ms threshold provided an almost five-fold increase in specificity. As with many clinical parameters, this value represents what is deemed to be a reasonable compromise between sensitivity and specificity. Validation in multiple sizeable cohorts and likely the combination of multiple indices would be required before integrating this methodology into the routine clinical evaluation of patients following electrical cardioversion.

REFERENCES

1. Jin L, Weisse AB, Hernandez F, et al. Significance of electrocardiographic isolated abnormal terminal P-wave force (left atrial abnormality): An echocardiographic and clinical correlation. *Arch Intern Med* 1988;148(7):1545–1549.
2. Salah A, Zhou S, Liu Q, et al. P wave indices to predict atrial fibrillation recurrences post pulmonary vein isolation. *Arq Bras Cardiol* 2013;101(6):519–527.