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Author`s Reply

To the Editor,

Firstly, my colleagues and I were very pleased to read the letter concerning an important issue in our article titled "Relationship between red cell distribution width and long-term mortality in patients with non-ST elevation acute coronary syndrome" after its publication in *Anatol J Cardiol* 2014 Jun 23 by Bekler et al. (1). Our study offers an easy and cost-effective approach to a significant issue in daily clinical practice. In our study, we showed that erythrocyte distribution width (RDW) predicts late mortality after the discharge of patients with non-ST elevation acute coronary syndrome (NSTEMI-ACS). In the critical comment, we were asked if patients had received optimal medical therapy after discharge and to what extent did this affect the results. First, as noted in the Methods section of our article, our study was a retrospective study, and as we mentioned during the evaluation process of the article, data on the optimal medical treatment of all patients could not be obtained on an objective basis; hence, this data was not included in the article. To clarify this issue, groups with high and low RDW values were compared; then, patient groups with and without cardiovascular events were compared. We showed that the RDW value at hospital admission could be a predictor of mortality similar to age and ejection fraction. Indeed, RDW has been shown to be an important predictor of heart failure and coronary artery disease in earlier studies (2-4), and we can easily see that there were no data regarding optimal medical treatment when these studies were analyzed. Of course, to know whether optimal medical treatment was received will contribute to our study, but we believe it will not change the fact that RDW is an independent predictor in light of the abovementioned studies.

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