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Note: The authors have reported that they have no relationships relevant to the contents of this paper to disclose.

REFERENCE

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Reply

On the Relation of Anxiety to Radial Spasm and the Use of Smaller-Diameter Sheaths

Dr. Ercan and colleagues make a well-aimed comment on our paper. We agree that anxiety relief may well be one of the mechanisms underlying the effectiveness of the drug combination we used to reduce the incidence of spasm, although—as we point out in the discussion of our paper—there may also be other, more direct, mechanisms, because both these medications have been shown to have vasoactive effects. We also agree with Dr. Ercan and colleagues that this combination of an opioid analgesic with

a benzodiazepine may be particularly useful in patients with higher levels of anxiety.

We thank Dr. Aminian and colleagues for their interest in our paper. However, it is of note that the whole rationale of their letter is essentially based on a premise that is simply not accurate: they state that “52.1% of the study population underwent coronary angiography without ad hoc percutaneous coronary intervention. In this subset of patients, one can consider that using 5-F or even 4-F sheaths and catheters could have resulted in a substantial reduction in the rate of radial spasm.” The truth is that 100% of the study population underwent percutaneous coronary intervention (PCI) and 0% underwent coronary angiography without PCI. This is evident if one reads the title of our paper during transradial coronary *interventions...* (1), and it is obvious from Figure 1 (the study flow chart) that patients who did not undergo PCI were not included. It is true that 5-F sheaths can be used for some PCI procedures, but a 6-F introducer sheath is the default choice for PCI in most catheterization laboratories, as far as we know—and it could not be otherwise, because 5-F sheaths are inadequate for all but the simplest of PCI procedures. As a result, our study protocol reflects everyday practice in that respect.

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