LETTER TO THE EDITOR

DOI: 10.14744/globecc.2026.85047
Glob Emerg Crit Care

Hemoglobin in Geriatric SVT: A Statistically Significant Yet Clinically Impractical Predictor

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Dear Editor,

We read the article titled "Comparative Effectiveness of Adenosine, Diltiazem, and Metoprolol in Rate Control of Supraventricular Tachyarrhythmias in Geriatric Patients" by Eyüpoğlu et al. with great interest [1]. While the study addresses a significant clinical topic, we believe that the following points require clarification to ensure accurate interpretation of the results.

A numerical discrepancy is evident between the Methods and Results sections. Although the study cohort consisted of 167 patients, Table 1 presents data for only 59 individuals. This figure's proximity to the "rate control achieved" subgroup (n=58) suggests that the table may inadvertently exclude the majority of the cohort (n=109), hindering a complete comparative analysis of the study.

Second, although the title specifies adenosine, diltiazem, and metoprolol, the results broadly group agents as "beta-blockers" and "calcium channel blockers," lacking specific efficacy data for adenosine. Moreover, the term "supraventricular tachyarrhythmias" encompasses atrial fibrillation (AF). The current ESC guidelines strictly distinguish AF from other SVTs [2,3]. If patients with AF were included, the low treatment success rate (34.7%) is understandable. However, if they were excluded, this rate contradicts the high efficacy (76–100%) typically associated with adenosine and diltiazem in SVT, raising questions about dosing protocols or patient selection [4].

Third, we noted statistical inconsistencies in hemoglobin levels. The text reports hemoglobin as a significant predictor in the multivariate analysis (p=0.037); however, the corresponding data are missing in Table 2. Furthermore, a discrepancy was noted in the univariate p-value for hemoglobin, reported as 0.011 in the text and 0.192 in the table.

Finally, tachycardia in patients with anemia commonly represents a compensatory physiological response [5]. Consequently, persistent tachycardia may not indicate treatment failure. Hemoglobin levels may be more suitable as a retrospective explanatory variable rather than a prospective criterion for drug selection in the acute setting.

Rectifying these concerns would substantially enhance the study's contribution to the literature.

Ethics

Authorship Contributions: Concept: A.F.Y., Design: A.F.Y., Data Collection or Processing: M.G., Analysis or Interpretation: M.G., Literature Search: M.G., Writing: A.F.Y.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

Use of AI for Writing Assistance: During the preparation of this work, the author utilized Google's Gemini solely for language editing, grammatical refinement, and to improve the readability of the manuscript. After carefully reviewing and editing the content as necessary, full responsibility for the publication's content is taken by the author.

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Received: 03.12.2025 **Revised Date:** 03.12.2025 **Accepted:** 14.04.2026

Cite this article as: Yıldız AF, Gültekin M. Hemoglobin in Geriatric SVT: A Statistically Significant Yet Clinically Impractical Predictor. Glob Emerg Crit Care.

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