

during NOA use, immediate reversal of the anticoagulant effects of NOAs can be problematic. To confirm our concern, a recent study by Chan et al<sup>1</sup> revealed that the use of dabigatran or rivaroxaban in patients undergoing hemodialysis was associated with a higher risk of hospitalization or death from bleeding when compared with warfarin. Such a risk may be further increased if patients with severe renal failure are elderly, because aging can impair the pharmacokinetics of many drugs and further expose the

patient to an unintentional risk of bleeding.<sup>2</sup>

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1. Chan KE, Edelman ER, Wenger JB, Thadhani RI, Maddux FW. Dabigatran and rivaroxaban use in atrial fibrillation patients on hemodialysis. *Circulation*. 2015;131(11):972-979.
2. Ponticelli C, Sala G, Glassock RJ. Drug management in the elderly adult with chronic kidney disease: a

review for the primary care physician. *Mayo Clin Proc*. 2015;90(5):633-645.

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## CORRECTION

A cover line on the September 2015 print cover was incorrect. It should read: "Overview of Essential Thrombocytopenia and Polycythemia Vera." We regret the error.

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