to verify whether the findings of our study can be extrapolated to a renal insufficiency population that is not on dialysis.

The study by Caravaca et al. provides information and raises awareness of the importance of the problem and urges the scientific community and the health authorities to establish measures. The first of these is to give a precise definition of SD in all registers in order to reduce variability between centres. The need to perform autopsies in cases of unexpected, unexplained deaths, even in patients with severe chronic diseases, is undoubtedly an aspect that should be given greater attention.

Finally, the identification of risk subgroups does not necessarily mean that we can extrapolate the prevention strategies that have been shown to be effective in the general population. The automatic implantable defibrillator is less effective in patients with kidney failure,[7] and even something as basic as having external defibrillators in dialysis units also has a limited efficacy.[8]

In conclusion, we again congratulate Caravaca et al. for their contributions to an important issue that has so far not been given the attention it deserves.

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Reply to: «Sudden death in patients with advance chronic kidney disease»☆

Respuesta a la carta: «Muerte súbita en los pacientes con enfermedad renal crónica avanzada»

Dear Editor,

We thank Dr. Sánchez Perales and Dr. Vázquez for their complimentary comments on our work and, with due respect, we feel we must give our reasons as to why the invaluable results from their study[1] were not cited or mentioned in ours.

Our paper was written during the first half of 2014 and was accepted for publication in the journal NEFROLOGÍA in the last quarter of that year. Due to problems related to a change of publisher and therefore outside the authors' control, the paper was 'stuck' between publishers, until we were finally able to reactivate its publication – without modification – in April 2016.

We agree with Dr. Sánchez Perales and Dr. Vázquez in the difference to be expected in sudden death (SD) incidence rates depending on the criteria defining it. Perhaps a definition of SD

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that encompasses longer periods of development might have a greater epidemiological interest for examining the population's access to diagnostic and advanced treatment units for cardio- and/or neurovascular disease.

In addition to the results obtained in pre-dialysis patients, we have monitored also the progress of the 662 patients in the same group who started dialysis (data not published); Out of the 264 deaths (median: 27.7 months), 32 cases (12% of all deaths) were considered as SD. Thus, the SD incidence rate was 16.2 (95% CI: 11.5–22.9) cases per 1000 patient-years. This impact of SD on dialysis is similar to that observed by Dr. Sánchez Perales and Dr. Vázquez and it is significantly lower than that published on dialysis patients in other developed countries (19–153 cases × 1000 patient-years).[2–5]

These results illustrate the high quality of the renal replacement therapy we have in Spain.

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