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## Authors' Reply

We thank Chilcot and Farrington<sup>1</sup> for their interest in our paper<sup>2</sup> and thoughtful comments surrounding the treatment of depression in hemodialysis patients. We agree with the letter writers that our observational study was not designed to evaluate the effect of antidepressant pharmacotherapy (versus no treatment) on mortality among individuals with hemodialysis-dependent ESRD. Under our active comparator new-user design, we could only conclude that the initiation of a higher (citalopram and escitalopram) versus lower (fluoxetine, fluvoxamine, paroxetine, and sertraline) QT-prolonging potential selective serotonin reuptake inhibitor (SSRI) was associated with a higher risk of sudden cardiac death.<sup>2</sup> Our study was designed to reflect a clinician's decision to prescribe an SSRI with higher versus lower QT-prolonging potential to a hemodialysis patient (*i.e.*, a treatment choice encountered in real-world practice).<sup>2–4</sup> The study provides population-specific safety information that clinicians can consider when prescribing SSRI therapy to hemodialysis patients.

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## DISCLOSURES

Dr. Assimon and Dr. Flythe have received investigator-initiated research funding from the Renal Research Institute, a subsidiary of Fresenius Medical Care, North America. In the last 2 years, Dr. Flythe has received speaking honoraria from American Renal Associates; the American Society of Nephrology; Dialysis Clinic, Inc.; the National Kidney Foundation; and multiple universities. Dr. Flythe is on the medical advisory board of NxStage Medical, Inc. and has received consulting fees from Fresenius Medical Care, North America.

## REFERENCES

1. Chilcot J, Farrington K: The case for selective withdrawal of antidepressants in patients with advanced kidney disease. *J Am Soc Nephrol* 30: 1339, 2019
2. Assimon MM, Brookhart MA, Flythe JE: Comparative cardiac safety of selective serotonin reuptake inhibitors among individuals receiving maintenance hemodialysis. *J Am Soc Nephrol* 30: 611–623, 2019
3. Velentgas P, Dreyer NA, Nourjah P, Smith SR, Torchia MM, editors: *Developing a Protocol for Observational Comparative Effectiveness Research: A User's Guide*, Rockville, MD, Agency for Healthcare Research and Quality, 2013
4. Brookhart MA: Counterpoint: The treatment decision design. *Am J Epidemiol* 182: 840–845, 2015

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