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# Letter to the Editor: Comment on "Evaluation of Premedication Applications of Anesthesiologists in Practice"

Editöre Mektup: "Anestezistlerin Pratikte Premedikasyon Uygulamalarının Değerlendirilmesi" Üzerine Yorum

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Dear Editor,

We have read with great interest the article titled "Anestezistlerin Pratikte Premedikasyon Uygulamalarının Değerlendirilmesi" (1) published in Hitit Medical Journal. The study provides valuable insights into the clinical practice of anesthetists regarding premedication administration. However, after reviewing the current literature, we believe that some critical aspects require further discussion.

One of the key findings of the study is that premedication practices were often incomplete and that standardized forms were not fully completed. This aligns with previous studies indicating a gap between guidelines and actual clinical practice (2). A similar issue was highlighted in the study by Melesse et al., where 100% of anesthesia records contained a premedication form, yet none of these forms were fully completed according to predefined criteria (2). This suggests that the issue may not only stem from individual practitioners but also from systemic documentation challenges.

Additionally, the study does not discuss why dexmedetomidine was not included as a premedication option, despite its well-documented sedative and analgesic effects in balanced anesthesia (3). Although its cardiovascular effects necessitate cautious use, dexmedetomidine has been shown to reduce opioid consumption and improve postoperative outcomes in multiple studies (2). Clarifying the selection criteria for premedication agents would provide a more comprehensive understanding of current practices. Another limitation is the lack of assessment of patient anxiety levels before surgery. It is well established that preoperative anxiety can impact patient outcomes, and alternative approaches such as psychological preparation and patient communication have been found to be as effective as pharmacological premedication in certain cases (4). Interestingly, Melesse et al. reported that non-pharmacologic anxiolytic methods were used in 63.3% of cases, whereas pharmacologic premedication was applied in only 16.7% of cases (2). This discrepancy raises questions about whether anesthesia providers are relying more on communication-based approaches rather than pharmacologic intervention.

Finally, while antiemetics such as metoclopramide were administered in 80% of cases (2), analgesic premedication (e.g., paracetamol) was underutilized. Given the known benefits of preemptive analgesia in reducing postoperative pain (4), future studies should explore the rationale behind this preference. In conclusion, while this study provides important data on premedication practices, addressing these limitations in future research could enhance its clinical applicability. We appreciate the authors' contributions and look forward to further discussions on this topic.

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## Response from Author

Dear Editor, we would like to express our sincere thanks to the reviewer for their valuable comments and contributions regarding our article titled "Evaluation of Anesthetists' Practices in Premedication." The primary aim of our study is to present the current clinical practice of premedication based on field data and to describe the discrepancies in this area. The comments received will significantly contribute to further in-depth discussions of the topic. As emphasized in our study, the incomplete filling of premedication forms and the lack of standardization in practices are related not only to individual practitioner preferences but also to deficiencies in systemic documentation and monitoring processes. This issue, as highlighted in similar studies, is not unique to our country but is encountered globally, and the literature supporting this claim further strengthens our findings and provides an international perspective on the matter. The selection of premedication agents was addressed in our study based on frequency data, and the exclusion of agents such as dexmedetomidine is acknowledged as one of the factors that limited

the scope of our work. However, this can be clarified through more advanced comparative or interventional studies. The lack of assessment of anxiety levels is due to the descriptive nature of our study. In future prospective studies, it is important to comparatively evaluate the efficacy of both pharmacological and non-pharmacological anxiolysis methods as an emerging area of research. Finally, the limited use of analgesic premedication may be shaped by practice habits specific to individual clinics and patient profiles. However, it is evident that further research is needed to explore the effects of this practice on postoperative pain management. We would like to once again thank the reviewers for their interest in our study and constructive feedback, and we believe that future multidisciplinary research will add significant value to this field.

Sincerely,
Dr. Ali ALTINBAŞ