Reviewer's report

Title: Cardiac medication prescribing and adherence after acute myocardial infarction in Chinese and South Asian Canadian patients

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Reviewer: Nicolas Danchin

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The present paper uses the administrative prescription database of British Columbia and analyses patterns of prescription and adherence to medications after AMI, in Asian versus non-Asian patients aged 66 years or more. Prescription of recommended medications differed for statins and, to a lesser extent, for beta-blockers. Although ACE-inhibitors prescription was similar in Asian and non Asian patients, adherence to ACE-I was significantly less in Asian patients; in contrast, adherence to beta-blockers was higher in South Asian patients.

The topic is of interest as it has been reported that tolerance to medications such as ACE-I or statins could differ in Asians.

The methodology used is adequate and the limitations are clearly stated in the discussion.

I have, however, a few comments and suggestions on the paper:

- Why did the authors separate Chinese from South Asian patients (and not, for instance, from Japanese patients): a rationale for this should be provided

- In the construction of the paper, the authors should begin by providing the initial prescription rates according to the ethnic groups, and only after give the adherence figures. This is true in the abstract as well.

- Table 1 is a bit confusing and should rather be replaced by a Table which would give the % of adherent patients within the 3 ethnic groups, according to the different baseline characteristics:

<table>
<thead>
<tr>
<th>Chinese (n=258)</th>
<th>South Asian (n= )</th>
<th>Non Asian (n= )</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall N (% non adherent)</td>
<td>Age group:</td>
<td>66-69</td>
<td>70-74</td>
</tr>
<tr>
<td>Similar Tables might be provided for each class of recommended medication.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The current Table 1 should be proposed as a supplementary file.
- The sentence "By restricting our analysis to patients aged 66 years and older, we minimize the effects of patient costs on adherence as these individuals pay a deductible on medications up to Cdn$200/year, which was increased to Cdn$275/year on January 1st, 2002. All medication costs above this deductible are paid by Pharmacare" is difficult to understand for someone who is not familiar with the Canadian reimbursement system and should probably be rephrased.
- It is regrettable that ARBs were not recorded in the same way as CCBs and diuretics were.
- A separate subgroup analysis by gender would be helpful, particularly regarding the use of beta-blockers.