Reviewer's report

Title: Patterns of beta-blocker intensification in ambulatory heart failure patients and short-term association with hospitalization

Version: 2 Date: 4 March 2012

Reviewer: Britt Falskov

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In the study by Allen et al. it was intended to study, the effect of intensification of beta blockers, on risk of rehospitalization in patients once admitted at hospital with the diagnosis of heart failure. It was found that patients re-hospitalized did rarely experience an intensification 30 days prior to re-hospitalization. A high dose at initiation of beta blocker therapy increased the risk of re-hospitalization.

Major Compulsory Revisions:
1. Definitions of cases and controls should not be part of the statistical section, but put into a separate section as population. The statistical section should be reserved to explanations of statistical analysis only.

Minor Essential Revisions:
1. Page 9: Please rephrase the sentence: “However, and cases could not subsequently serve as a control subject.” The sentence is hard to understand.
2. Page 13: Please delete the number “8” in this sentence: “Randomized controlled trials have generally shown long-term decreases in hospitalization following the use of β-blockers in patients with CF and LVSD, effects which appear relatively early and continue over time.8 Additionally, pre-discharge initiation”
3. Make sure that all abbreviations are listed on page 16.

Discretionary Revisions:
1. Page 5: The citation from guidelines is divided into two parts, separated by three dots. I would prefer the citation divided into two sentences: “It is recommended that β- blockade be initiated at low doses and uptitrated gradually, typically at 2-week intervals in patients with reduced LVEF” and further is read: “Doses found to be effective in HF trials are generally achieved in 8-12 weeks.”
2. Page 12: ” After adjustment, patients initiated on high-dose β-blocker were more likely to experience rehospitalization” Please specify the adjustments.
3. The median time to first dose escalation was 180 days. This is a long interval. Could this be explained by low frequency of dose escalation in general? Please make a note on this in the discussion and on the consequences for the result of the study.
4. The median of the maximum doses of each beta blocker achieved seem rather
low, even for the patients with LVSD. Please make a comment in the discussion section and make possible explanations. Comorbidity?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests