Author's response to reviews

Title: Self-rated health is associated with the length of stay at the intensive care unit and hospital following cardiac surgery

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Author's response to reviews: see over
Reviewer's report
Title: Self-rated health is associated with the length of stay at the intensive care unit and hospital following cardiac surgery
Version: 2 Date: 7 August 2014
Reviewer: Rakesh Arora

Reviewer's report:
Summary: The Authors have present a revision to their previous submitted study investigating the relationship between ICU LOS and affective and self-rated health following cardiac surgery. To re-state, this was single centre, prospective analysis that sought to determine self-rated happiness in 267 patients from 2006-2007. The primary outcome variable was ICU stay (i.e., the number of days from the date of surgery to the date of ICU discharge); defined extended postoperative ICU stay as a length of at least 3 days for patients who were alive at discharge. The Methodology, discussion, limitations and conclusions sections have been modified to previous reviewer comments.

Research Question Novelty:
This is an interesting question as it seeks to provide insight into “non-traditional” risk factor that may influence patient outcomes. The Authors have responded to several of the previous comments, however there are outstanding issues that several issues that require further clarification.

Major Revisions:
Methodology:
1. In the Abstract the primary outcome stated is “The clinical endpoint was hospital stay of at least 10 days and an ICU stay of at least 3 days” whereas the in manuscript it is stated as “The primary outcome variable was ICU stay (i.e., the number of days from the date of surgery to the date of ICU discharge). We defined extended postoperative ICU stay as a length of at least 3 days for patients who were alive at discharge.” Can the Authors please clarify?

   Thank you for your remark; we changed this part of the sentence: “The primary clinical endpoint was an ICU stay of at least 3 days and the secondary was hospital stay of at least 10 days.”

2. It is not clear if this study is registered and specific to the stated primary
outcome.

The study has been approved by the local and regional Ethic Committee and the follow up (which has the recent approval of the IRB) will be registered.

3. As per previous comments, who administered the tests? Were these performed by the patients or with a trained evaluator?

Tests were fulfilled by the patients. We changed the sentence in the methods-participants section.

Discussion/Conclusion: The Authors have provided a lot of potential mechanistic action of low self-related health and inflammation, autonomic function etc. An element that would strengthen the paper further is if low self-rated health is capable of intervention (i.e. is there a possibility of treating/counselling patients in the preoperative phase to improve their self-rated health?)

Thank you for your valuable suggestion. We added this information to the discussion section:

Besides its important predictive value, SRH provides possibilities for intervention. In an interventional study about the effect of telephone based counselling on self rated health of cardiac patients the authors found that the intervention made a significant improvement on patient SRH among distressed patients hospitalized for cardiac disease. The authors suggested that this treatment might be an effective additional disease management program.


Minor Concerns:

1. In Table one, the first column in “centre” justified. This should likely be modified to be left justified.

We changed Table 1 as you suggested.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I have received an unrestricted educational grant from Pfizer Canada Inc. to investigate the long-term effects of depression in postoperative cardiac surgery patients.