Reviewer's report

Title: Knowledge of modifiable risk factors of heart disease among patients with acute myocardial infarction in Karachi, Pakistan: a cross sectional study

Version: 3 Date: 18 February 2006

Reviewer: Julie J Zerwic

Reviewer's report:

General
This is an interesting manuscript that is focused on Pakistani patients' knowledge of selected cardiovascular risk. These were individuals who were hospitalized with their first acute myocardial infarction (AMI). Similar studies have been done but have primarily been conducted in the U.S. and with non–Hispanic White populations.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Page paragraph line

7 1 7 It is not clear how this questionnaire was scored. How was a score of ¾ obtained? Is this perhaps actually equavalent to 75%? There appear to be 13 questions in the instrument. If someone answered that they believed that there was no relationship (or even answered don't know) between fatty food consumption and heart attack were they then asked the question how does consumption of fatty food affect the heart attack? More information about how the tool was administered and scored is needed.

8 2 3 It is not clear why variables that were not significant in the univariate analyses (p < 0.25) would be expected to achieve significance in the regression model. Is it possible that the authors mean 0.025?

21 Knowledge of heart attack symptoms was not the focus of the manuscript. However the finding that 81% did not know any symptoms (these were AMI patients) is very problematic. This should be discussed.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Page paragraph line

2 3 3 Knowledgeable should be changed to good knowledge since that was the term defined in the manuscript.

3 1 1 It is not clear the direction of the relationship and that should be identified. I would assume that higher level of exercise, not chewing tobacco and higher knowledge of symptoms would be associated with good level of knowledge?

3 1 1 heart attack.

4 2 5 cues should replace clues.

5 2 1 Authors should define “ghee.”

The authors focus initially on the need to assess knowledge of the population (prior page) but then switch the focus to patients with AMI (secondary prevention). The rationale for focusing on AMI patients should be made explicit.
5 It would be helpful if the authors acknowledge in the literature review those variables that were examined in the study. Some of the relationships are obvious such as education. Why would household composition be expected to have an impact on knowledge?

5 3 6 Are there words missing after the word fulfilled?

6 3 1 Omit the word “although.” And provide citations at the end of the sentence to show what published studies were used to structure the questionnaire.

7 1 3 Change the period after assessed to a colon.

7 1 12 This line should be indented to start a new paragraph.

7 2 10 How was knowledge of heart attack symptoms assessed?

7 2 11 A new paragraph should start with, “The study was approved…”

8 Did all subjects complete the questionnaire in Urdu or did some subjects complete the questionnaire in English. Did subjects complete the questionnaire themselves or was it read to them?

9 Combine the first sentence with the next paragraph since no paragraph should only have one sentence.

9 2 6 Add risk factors after heart disease.

9 3 1 Change “knowledgeable” to good knowledge since that was the term used previously.

9 3 I would suggest deleting the confidence intervals from this paragraph and just leave the n and %.

9 1 2+ The direction of the relationship needs to be specified. For example is higher knowledge of heart attack symptoms associated with higher knowledge of risk factors?

11 1 5+ Same issue as above.

11 2 7 lack of exercise.

11 2 9-10 Cooking oil production industries have recently been promoting… This is not a complete sentence.

11 2 12 Add an s to organ.

12 1 5-6 Remove that lesser education may be associated with lower intellectual capacity. Less education is more likely due to socioeconomic and access issues.

12 2 9 What is meant by orthodox attitudes?

15 2 5 The sentence about physicians is not clear.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

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: No

Declaration of competing interests:

I declare that I have no competing interests.