Reviewer's report

Title: Is There a Clinically Significant Gender Bias in Post-Myocardial Infarction Pharmacological Management in the Older (>60) Population of a Primary Care Practice?

Authors:
Romolo diCecco (rdicecco@hotmail.com)
Umesh V Patel (umeshypatel@hotmail.com)
Ross E.G. Upshur (rupshur@idirect.com)

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Reviewer: Dr Todd Miller

Level of interest: A paper of limited interest

Advice on publication: Reject because scientifically unsound

Dr. Upshur has done a credible job of responding to the criticisms that I raised earlier. However, I believe that significant weaknesses still exist:
1. Response to major comment #1. The authors are examining practice patterns in the primary care setting, which is a unique aspect of this study. However, the small size of the dataset, the fact that many patients had missing charts, the failure to perform multivariate modeling (not just adjusting for age alone), and the borderline statistical significance of the results (I am not questioning the p value but simply pointing out that it is of borderline significance) weaken the study design and the strength of the study results, ultimately decreasing the clinical impact of this study.
2. Response to major comment #2. Adding the results after adjusting for age does strengthen the study's findings. However, multivariate modeling would have strengthened the study further (which in itself would be limited because of the small dataset).
3. Response to major comment #3. Although some enthusiasts have recommended statins in all patients post-MI, this recommendation is not evidence-based and is not part of the NCEP guidelines. I do not accept the authors' argument that "lipid-lowering agents are recommended to virtually everyone post-MI." I seriously doubt that all of the clinicians in their institution accept this premise, and they are trying to measure physician practice patterns in this study.

In summary, I believe that Dr. Upshur's responses are credible, but the major weakness that still persists is the dataset (due to its small size and other weaknesses) is not adequate to permit the authors to study this issue in the correct fashion.

Competing interests:

Described previously.