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?

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Reviewer:

Level of interest: not specified

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

Re-review of the MS:

1. Age adjustment was done only for the use of lipid lowering drugs. This analysis should be performed for all drugs and procedures compared between men and women (Tables 2 and 3).

2. Because of the small numbers compared, the actual p values should be reported in the Tables and text, and not p=NS. Also change in the ANALYSIS Section, p. 6, para. 1, the phrase "Statistical significance was set at 0.05" to "Two sided p-value is reported".

3. Although the decision regarding performance of angiography or CABG is not a decision taken by the primary care practitioners (as the authors write), since a difference was noted between men and women (in the univariate comparison) this finding has to be addressed. Moreover, the decision of the use of lipid lowering drugs in many cases is not recommended in the primary care setting, but rather at the hospital setting before discharge, that influence their use in the community, post MI.

4. Therefore, it would be important to know the time after discharge from the hospital for the patients enrolled in the study, and whether a specific treatment was recommended at discharge (hospital decision) or at the primary care setting. From the title of the MS it sounds that the decision was taken in the primary care setting, while this point is not clear from the Methods section (page 5, line 3 - "ANY history of prior MI").

5. What where the indications for coronary angio?

6. How many patients where referred to PTCA and CABG among those who where catheterized? It seems, that in both genders, once a patient was catheterized, there is no difference in referring for revascularization. This finding is in accordance with earlier reports.
7. Since the authors address the difference in lipid lowering drugs use, the level of cholesterol before starting treatment is extremely important. May be women had had lower cholesterol level that may explain the difference in these medications? Or they may have higher level of cholesterol than men (which I believe is the case- as was noted in prior studies), and then the point of discrimination is even stronger.

8. Beside the difference in medications/procedures between men and women, the authors should specify whether the implementation of their use was according to evidence based medicine and published guidelines.

9. In this regard, it should be noted that after publication of a positive study there is a gap of time till a specific drug is implemented (p. 8, para. 3 on the HOPE Study). Thus, use of ACE-inhibitors in 57% of the patients in 2000 is fair and not low (page 8, para 3).

10. The percentages, means, CI's in the Tables should be rounded up. In Table 1 for age change to Mean +/- SD

11. P values with 5 zeroes are too much (page 6, para. 3, and Table 1); rather use
12. Odds ratio - use only 2 digits after the dot.

13. Page 7, para. 2 and title of Table 3 to 'Rehabilitation and Reperfusion Interventions'

14. Page 7, para. 3, change the phrase "The study failed to detect a significant difference..." to " The study did not confirm a significant difference..."

15. Page 8, para. 2 - chance "non-pharmacological" to "interventional procedures"

16. Page 8, para. 3 - the study is too small, which is a limitation, but the second half of the sentence is not a limitation, this is the nature of the ratio between men and women with MI.

17. Tables 2 and 3, report the actual p values and the age-adjusted OR in different columns.

18. I still don't think that a p-value and 95% CI for crude comparisons is needed. Betetr add age-adjusted OR (95% CI).

**Competing interests:**

None declared.