Reviewer's report

**Title:** Heart failure diagnosis in primary health care: clinical characteristics of problematic patients. A clinical judgement analysis study.

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**Reviewer:** Jerzy Korewicki

**Level of interest:** not specified

**Advice on publication:** Other (see below)

It is very interesting study testing hypothesis that patient with typical signs of heart failure (HF) and those without would be easier diagnose correctly than intermediate cases. According to the authors results could improve diagnosis of HF and cause early treatment. Presented publication is the second one, concerning that particular problem published by mentioned above authors. First one was published in Journal of Clinical Epidemiology in the year 2000. What is the real value of reviewed publication? There is no doubt that methods used for assessing problems are interesting. Unfortunately practical value is very limited one.

The idea of using vignettes of pts with HF with underling cue information as factor influencing diagnosis is rather far from everyday life. Doctors from different level of care possess different cues (diagnostic information) PCPs signs and symptoms of HF, cardiologists qualitative date cg ECG, x ray - NB there is different diagnostic value of qualitative and quantitative data. The results of the study are presented in very condensate from and could be difficult to interpret by PCP. My suggestion is to extend information and explanations from the previous publication, that will improve practical value.

During last two years several papers concerning diagnosis of HF were published: ESC guidelines on HF, results of IMPROVEMENT, EUROHEART HF. The most important practical lesson from those study are diagnostic criteria of HF and sequence of diagnostic procedures. That information deserves to be included into "DISCusion". The most important strategies leading to the improvement of management of pts with HF is to have uniform opinion before starting any educational programs.

Conclusion: The manuscript could be published after acceptance reviver remarks.

**Competing interests:**

None declared.