Reviewer's report

Title: The risk for chronic kidney disease in patients with heart diseases: a 7-year follow-up in a cohort study in Taiwan

Version: 1 Date: 9 September 2011

Reviewer: Taku Inoue

Reviewer's report:

Major
1. A diagnostic criterion of CKD is not disclosed in the "Method" section. The diagnosis of CKD is fundamental of this study and to be disclosed.
2. At least two ICD-9-CM codes are needed for the patients being diagnosed as heart disease in this study. The authors should tell the reason why two diagnosis is needed.

Minor
1. Table 2 shows that comorbid risks such as hypertension, DM and dyslipidemia have a higher hazard ratio for developing CKD compared with heart disease. The authors might mention about these results in the discussion.
2. Generally speaking, Stage 3-5 CKD is a world wide issue. As the authors mentioned, the subjects were diagnosed as CKD by their elevated serum creatinine in this study. This might be one of the causes of low incidence of developing CKD in this study. Likewise, the authors should mention the possibility for not excluding the subjects with Stage 3 CKD from baseline cohort.
3. The authors mentioned increased preload is the proposed pathophysiological mechanism of the developing CKD in patients with heart disease. If so, the authors should demonstrate the distribution or frequencies of heart disease such as chronic heart failure, valvular heart disease, which are considered to increase in preload.
4. Expression is a little bit confusing. Need to be checked by native speakers.

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: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.