Reviewer's report

Title: Is the high-risk strategy to prevent cardiovascular disease equitable? A pharmacoepidemiological cohort study

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Reviewer: Thomas E. Kottke

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The following are discretionary revisions

This is a methodologically sound study of an important topic: How does a government or NGO reduce health disparities? In a well-written manuscript, the authors make a convincing argument that pharmacologic treatment of hyperlipidemia does not reach those most in need. They conclude that risk-reduction programs that are delivered through the health care system may, in fact, widen the gap in health disparities. As they point out, this finding is consistent with the observations in other countries. This finding should not be surprising since the health care system in all countries was designed by upper SEP individuals.

Where the paper falls somewhat short is in suggesting alternatives. While they quote Marmot, they do not suggest that risk for CVD be attacked closer to the roots—at the social determinants of health.

The authors might wish to reference the Finnish experience. The Finns have observed that, despite efforts to close the gap, social disparities in health have been increasing. See, for example Hannele Palosuo, Seppo Koskinen, Eero Lahelma, Elisa Kostiainen, Ritva Prättälä, Tuija Martelin, Aini Ostamo, Ilmo Keskimäki, Marita Sihto and Eila Linnanmäki (eds.) Health inequalities in Finland TRENDS IN SOCIOECONOMIC HEALTH DIFFERENCES 1980-2005 which is available on the internet. The Finns have done some thinking on how to reduce disparities through broad programs. For example on page 226 of the document referenced above, the authors write, “Success in reducing health inequalities will require a concerted and col- laborative effort by both health care and other sectors. Apart from its respon- sibility to develop operations in its own field, health care also has an important role as an expert and advocate in turning the attentions of other administrative sectors to the problem of health inequalities. However, there has as yet been only limited discussion in Finland on the role of health care in reducing health inequalities. Furthermore, as far as the specific roles and tasks of different sec- tors are concerned, it must be borne in mind that political and economic deci- sions with health implications are no longer taken only at the national, regional and municipal level, but increasingly at the EU and global level as well. The Health 2015 programme as well as the National Action Plan to Reduce Health Inequalities call for a systematic assessment of the impacts of political and so- cial measures upon the health and well-being of the
population and their socio-economic distribution. However, these efforts and the development of the necessary tools are still in their infancy.”

The also have some trial data on alternative approaches to reducing the chronic disease burden. For example, Rautio et al. describe a trial of lifestyle intervention to prevent type 2 diabetes. [1] While they observe differences in knowledge and biometrics by SEP, they were able to reach individuals at all levels of SEP with the intervention.

Rather than leaving the reader with the implication that the way to address social inequalities is to offer services to no one, the authors may wish to look into these documents and offer alternatives that may not be delivered in the clinical setting.

References


**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.