Reviewer's report

Title: Changes in Health Related Quality of Life 3 months after a coronary attack

Version: 1 Date: 7 December 2005

Reviewer: Marianne A Ch Carlsson

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached) Comments to:
Changes in health related quality of life 3 months after a coronary attack Failde I & Soto M.

1. Is the question posed by the authors new and well defined?
No, the question is formulated as “little known about patient characteristics that are associated with impairments or improvements in HRQOL after coronary events”. They wanted to “identify key clinical demographic or psychological characteristics “ These variables should be defined or explained and motivated.

2. Are the methods appropriate and well described?
No, there is no explanation of what psychological characteristics mean and how they were assessed. According to table 1, the socio demographic variables are age, sex and social class, but what is meant by psychological characteristics?
Mental health was measured by GHQ-28. How is mental health related to “psychological characteristics”

132 consecutive patients were included, why 132 and where there no exclusion criteria? Was that based on calculation of the statistical power? Explain
Did all 132 answer the first questionnaire?
What does base line mean? The follow-up time was three months after discharge from hospital, but when was the first assessment performed?

What level of significance was used? There are a lot of significance analyses performed thus there is risk for mass significance.

What do the author means by “independent variables included in the model were selected in accordance with statistical (p<0.20) and clinical criteria based on bibliography”? The different variables used in the regression model should be stated clearly and explained in detail.

3. Are the data sound and well controlled?
It is difficult to judge, but I suppose that the data are sound. Se point 2 above.

4. Does the manuscript adhere to the relevant standards for reporting?
Since there are lack of definitions of and motivations for the variables assessed and the chosen independent variables in the regression model it is difficult to judge.
5. Are the discussions and conclusions well balanced and adequately supported by data? The method and result-sections should be rewritten first and then it is possible to answer this question.

6. Do the title and abstract accurately convey what has been found. I have no comments to the title, but since the abstract is dependent on the rest of the paper it is difficult to say.

7. Is the writing acceptable? After a new method and result-section this paper might be of interest. The problem is not the writing it is the lack of definitions and explanations.

To my knowledge this paper is no duplicate and it is not separated into several publications. It is not stated if this study consist of more than two measure-points, base line and 3 months follow-up. But if there are more follow-ups planned it should be state in the Background section or in the Method section.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

How were data collected? By interviews and by the same interviewer according to the authors. Why interviews? SF-36 and GHQ-28 are questionnaires usually used for patients to fill out themselves?

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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: No

Declaration of competing interests:
I declare that I have no competing interests