Reviewer's report

Title: Relation between awareness of circulatory disorders and smoking in a general population health examination

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Reviewer: martin gulliford

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RELATION BETWEEN AWARENESS OF CIRCULATORY DISORDERS AND SMOKING IN A GENERAL POPULATION HEALTH EXAMINATION

Summary
This paper used data from a National Health Examination Survey to investigate the association between smoking and self-reported circulatory disorders. Among people who smoked at some time, there were fewer current smokers among those with two or more circulatory disorders. The authors observe that a considerable number continue to smoke in spite of having developed smoking associated diseases.

Major revisions

1. It would be useful to present the questionnaire items that were analysed both for self-reported illness and for cigarette smoking. In health surveys, items about self-reported illness commonly include whether the illness was present, whether a doctor diagnosed the illness, and whether the illness is currently treated. It would be useful to know what information was collected in this survey. The wording of the items about particular illnesses would also be informative.

Similarly for smoking, it would be useful to know what questions were included and what was their wording. For example, did the questions only refer to cigarette smoking or to pipe and cigar smoking as well? How many cigarettes were smoked? and How long was the interval since quitting? Were these items included in the survey?

2. Hypertension is a risk factor and not a disease. It may not be justifiable to add it with the other conditions to get a composite end-point of number of circulatory disorders.

3. Age is a key variable because the frequency of smoking declines with age but the frequency of diseases increases. The data in Table 2 are from a model adjusted for age. Nevertheless, it would be of interest to know whether the associations identified were consistent within age groups.

4. The present analysis is rather limited in scope and it would be interesting to know whether additional information was available concerning the number of cigarettes smoked, the time since quitting or whether the patient was receiving appropriate secondary prevention therapy. This information would allow greater depth of interpretation. For example, one study of ours suggested that current smokers with hypertension were less likely to received antihypertensive therapy. (J Human Hypertension 2001 Nov;15(11):771-3).

5. The role of nicotine dependence could be more fully discussed. For example, the heaviest smokers may find it most difficult to quit and have the highest risks of developing complications of smoking.
Discretionary revisions

The term ‘ever smokers’ is not ideal, perhaps it would be better to refer to ‘current and ex-smokers’.

The material on response rates would be better placed in the first paragraph of the results section.

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'