Reviewer’s report

Title: Predictive factors of adrenal insufficiency in patients admitted to acute medical wards: a case control study

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Reviewer: Albertus Beishuizen

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This is an interesting report on the prevalence of AI in an acute internal medicine ward
almost 300 ACT tests were performed on clinical grounds and retrospective analysis revealed 11% AI in these pts and the most prominent risk factor was GC withdrawal.

Major remarks
The clinical judgement which led to ACTH testing has not been defined, what (objective) criteria were used?
The cutt-off used for AI diagnosis is controversial, why is <550 used and not looked upon various cutt-off in their analysis? eg. increment > 100 or < 250?
How was treatment guided? Only GCs when the test was abnormal? Does a normal teset exclude (R)AI in sick patinet? In other ward, were pts with a 'normal' test never treated?
In what time-frame were test result available to the clinician?

Minor
The pro’s and con’s of ACTH testeing should be discussed in larger extent were there any data on outcome?
please provide data on ACTH tests results . in partcula rise upon ACTH?
were theer any pts with absolute AI, eg baseline < 100 ?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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'