Reviewer’s report

Title: Discrepancies Between The Medical Record and The Reports Of Patients With Acute Coronary Syndrome Regarding Important Aspects Of The Medical History.

Version: 2 Date: 7 February 2012

Reviewer: William Corser

Reviewer’s report:

I have appreciated the opportunity to review this initial draft of this manuscript. The authors have made a reasonable case for why research in this area is important, and have adequately described the major components of most of their study design, measures, results. Still, I believe that the paper would be considerably strengthened for prospective BMC-HSR readers if the authors provided the following clarifications in in the current submission manuscript:

Title: I wonder if the subtitle “Discrepancies in Medical History” isn’t just redundant to main title.

Abstract and throughout paper:
1. The authors should specify up front that they analyzed data from a total of 62 respondents.
2. The Results section in the Abstract seems to suggest that education level contributed to agreement ORs for all respondents. It looks to me as if this variable was only significant for those respondents with some college in your unadjusted model. Can the authors report this more clearly for readers in abstract?
3. What does “improved understanding” mean in the Conclusion section of the abstract. I never seem to hear how this might be obtained anywhere in the later parts of the paper. Please clarify.

Introduction
1. The authors really must define what ACS is for your readers not familiar with this term, or how it may be different/similar to AMI.
2. The authors should probably cite the Corser, et al., 2008 paper in BMC-HSR that compared the same thing you were examining for 500-some ACS patients.
3. I am unclear whether the self-report items used to collect self-report data offered any type of lay explanatory phrases associated with them. For instance, Katz, et al. (1996) very specifically provided self-report respondents with interpretive phrases re: more complex terms contained in the Charlson Comorbidity index.

Methods
1. I am unclear on Page 5 whether the authors are only speaking about Troponin levels when they mention “elevated cardiac enzymes” as an inclusion criterion.

2. On Page 6, I am unclear whether the electronic medical records were audited using a particular chart audit “protocol” or “manual” of any sort. Please specify for readers who may be interested in replicating your methods.

3. I would suggest that the authors define and discuss the “gold standard” decision that they attempted to avoid making earlier in area of Page 6. I don’t really see this term used until Page 11 of the current draft.

4. Please define MMSE is on Page 7 of current draft for readers unfamiliar with what this is.

Results

1. The possible reasons for sources of discordant reports on Page 9 could be made clearer to readers. I personally got lost trying to interpret what factors the authors suggest might have been at play.

2. On Page 10, I have a problem with citing Reference 21 in this paper since these respondents responded primarily/entirely about symptoms. The reference 22 seems appropriate, and I suppose the authors could cite Corser, et al, 2008 again.

3. Note that use of the term “myocardial infarction” on Page 10 needs to be defined or changed to ACS.

Conclusions

1. This section really needs to be expanded with some “drumbeat” and “take home messages” for your readers.

Editorial Notes:

1. Please split up some of these especially long paragraphs.

2. The authors might consider removing some of the many abbreviations since some don’t really appear to be used very often.

Best Wishes to the authors as they work to further strengthen this manuscript!