Reviewer’s report

Title: Impact of briefly-assessed depression on secondary prevention outcomes after acute coronary syndrome: a one-year longitudinal survey

Version: 1 Date: 26 July 2005

Reviewer: Giorgio Baroldi

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General
In literature several examples show the role of mental depression as primary risk factor for coronary heart disease (CHD). This paper, by an appropriate and replying method, demonstrates that depression may be a risk factor in the secondary prevention of this disease. In general, data concerning the “impact of briefly assessed depression” in the text and abstract are well controlled and written.

Major compulsory revision.
1. It sounds obvious that this study is limited to a specific country and population. Before any general conclusions, it seems necessary to emphasize more deeply the need of similar studies in population of different geographic areas, culture and psychology.
2. The selected population includes patients with acute coronary syndromes defined as “unstable angina and myocardial infarction”. Are these cases at their first episode of CHD? The depression should be investigated in patients “first episode” or chronic.
3. The questionable “unifying theory” in the acute coronary syndromes includes “sudden death”. Mental depression has been considered a primary risk factor of the latter as shown in many examples. In the one-year follow-up of this study 59 deaths are reported. In the discussion a unique sentence “... depressed patients have worse outcomes in terms of mortality (manuscript submitted for publication...” is mentioned. My opinion is that data concerning these dead patients belong to the present text. The reader must know if depression is or not associated with death and its type (sudden, re-infarction, other?) in this paper. No reason for another one.
4. Even if the baseline methodology has been already published, the selection of patients should be reported in more exhaustive way. The reader needs also to know whether or not the patients were treated by invasive methods (PTCA, bypass surgery). In results, the rehabilitation attendance was more frequent in young people having a “private health insurance and receiving reperfusion at baseline” What means reperfusion? Fibrinolytic or invasive therapy and how reperfusion demonstrated?
5. No attempt is has been done to investigate depression versus the two considered types of acute coronary syndrome. Unstable angina and myocardial infarction have a totally different clinical patterns in term of morphopathology, myocardial dysfunction, complications, outcome, symptoms and therapeutical approaches, possibly leading to different psychological reaction. Any difference in relation to depression between this two patterns?
6. Heart and brain relationship is one topic particularly important in the etiopathogenesis of acute coronary syndromes. In this paper almost no mention and no suggestion how depression may act.
7. The data of some variables (for instance, antiplatelet or lipid-lowering therapy) are compared with findings in other studies. A too extensive literature exist and my suggestion is to strictly focus on depression in relation to the other variables, without enter in a very complex and debated field.
8. Fluctuation of depression is mentioned without any correlation to other findings. The authors mention that further investigation is needed. Nevertheless can they state that any correlative attempt with findings at baseline was negative?
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests