Author's response to reviews

Title: Severe Mental Illness and Mortality of Hospitalized Acute Coronary Syndrome Patients in the Veteran Healthcare Administration

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Author's response to reviews: see over
August 6, 2007

Melissa Norton, MD
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Dear Dr. Norton,

Attached please find our revised manuscript, entitled, “Severe Mental Illness and Mortality of Hospitalized ACS Patients in the VHA” for your review. We appreciate the comments given by you and the reviewers and have outlined below each reviewer comment, our response and a location of the revision in the manuscript. Thank you for your time and consideration. Please contact me with any questions.

Sincerely,

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Responses to Reviewer Comments

Severe Mental Illness and Mortality of Hospitalized ACS Patients in the VHA

Reviewer #1
Major Comments

Comment 1: “In the introduction, they need to give some justification of their definition of SMI. Usually this is taken to mean long term illnesses such as schizophrenia and bipolar disorder. In the authors’ definition, they have included anxiety and personality disorders.”

“In the methods, they need to give a clearer definition of what they mean by analysis by SMI strata. Were these dichotomous variables (e.g. schizophrenia vs no smi) or were they defined in another way? Did they consider looking at the effect of ever having been admitted for a psychiatric disorder, which may also be a marker for severity of psychiatric illness?”

We agree with this comment and would like to clarify that our definition of SMI is consistent with other published literature. Further, we have included a sensitivity analysis to address this issue. We performed the analysis within a specific SMI type including, schizophrenia(e.g., schizophrenia yes versus schizophrenia no), mood or anxiety disorder and personality disorder. The results were very similar to the combined outcome. The hazard ratios and confidence intervals for each SMI type were: schizophrenia (i.e., schizophrenia vs. no SMI) (0.83(0.60-1.15)), mood/anxiety disorder (0.91(0.79-1.06), personality disorder (1.0(0.68-1.5). Finally, we were unable to look at severity of psychiatric illness which we have included in our limitations section. (Page 4, Paragraph 3; Page 7, Paragraph 2; Page 9, Paragraph 2)

Comment 3: “In the discussion, they need to give a clearer statement of limitations. Aside from being a sample of veterans, it was also 98% male, which further limits generalizability. They also do not seem to have adjusted for socioeconomic class, which may be a major confounder in their analysis. People from poorer backgrounds are significantly less likely to receive specialized procedures, and contain higher numbers of people with chronic psychosis”

In response to this comment, we have clarified the limitations section. For patients to receive care in the VA they must have a disability related to military service or have an economic disadvantage. Therefore, in general, there are less disparities seen in the VA. (Page 9, Paragraph 2)

Minor Comments:
Spell out VHA when it is first used.

This has been done.

Update references
We have included more recent studies in our background and discussion section. (Page 3, Paragraph 2; Page 8, Paragraph 2)

Reviewer #2

Major Comments:

Comment 1: “The major limitation of this study is the method by which SMI was defined”.

In response to this comment and a similar comment from reviewer 1, we have included the results from our analysis done by type of SMI. Additionally, we have added to the limitations section the use of ICD-9’s to define SMI. Finally, when discussing the other literature we have included how others have defined SMI. (Page 5, Paragraph 1; Page 7, Paragraph 3; Page 8, Paragraph 2)

Comment 2: “Also, in the Background section (page 3), the authors do not make a compelling case for why they expect disparities in AMI-related procedure use or mortality exist for SMI patients. For instance, what are the features of SMI that make patients vulnerable to these increased risks…”

We have clarified our conceptual model in the background section and have cited additional studies. (Page 3, Paragraph 2)

Comment 3: “Discuss the limitations of using EPRP data. EPRP does not oversample those with SMI, and those with SMI who are selected for inclusion in the EPRP sample may over represent those who already have adequate access to medical care.”

The EPRP data from this study was a 100% sample of VA AMI patients. Because this study contains only patients in the VHA, they have relatively equal access to medical care.

Reviewer #3

Thank you. We appreciate your positive comments.