Reviewer's report

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

*Version:* 2 *Date:* 4 July 2007

*Reviewer:* Steve Kisely

**Reviewer's report:**

**General**

This is an interesting study of ACS patients (n=14,048) presenting to VHA hospitals between October 2003 and September 2005. Survival analysis evaluated the association between SMI and one-year all-cause mortality, adjusting for demographics, co-morbidities, in-hospital treatment, and discharge medications. The authors conclude that patients with SMI are as likely to undergo coronary revascularisation and be prescribed evidence-based medications at hospital discharge, and are not at elevated risk of adverse 1-year outcomes.

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**Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)**

I would suggest the following changes

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?

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 generalisability. 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 specialised procedures, & contain higher numbers of people with chronic psychosis.

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**Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)**
They need to spell out VHA when it is first used. Some of the references on the
association between mortality from cardiovascular disease and psychiatric
disorder dare back to as much as 8 years ago. There have been numerous more
recent studies such as those by D. Lawrence et al

Discretionary Revisions (which the author can choose to ignore)

**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, the manuscript does not need to be seen by a
statistician.

**Declaration of competing interests:**

I declare that I have no competing interest