Author's response to reviews

Title: Prevalence and prognosis of non-specific chest pain among patients hospitalized for acute coronary syndrome - a systematic literature search

Authors:

Vidar VR Ruddox (vidar.ruddox@siv.no)
Mariann MM Mathisen (mariann.mathisen@kunnskapssenteret.no)
Jan Erik JEO Otterstad (jan.erik.otterstad@siv.no)

Version: 3 Date: 27 April 2012

Author's response to reviews: see over
Dear Claire Tree-Booker,

Thank you for your kind mail with the comments from the two reviewers. Since referee 2 had no comments, we have exclusively dealt with the constructive suggestions put forward by referee 1:

**Abstract:**

The first two sentences in the abstract conclusions now read:

*Patients with NSCP represent a large, heterogeneous and important group. Due to co-existing CHD in nearly 40% of these patients, their prognosis is not necessarily benign. Although their average one-year mortality rate was almost 6 times lower than those with “ACS/high-risk”, the subset with concomitant CHD had a relatively poor prognosis when compared with NSCP patients without evidence of CHD.*

Thereby we hope to have given an answer to reviewer 1 first comment.

**Paper:**

As suggested we have addressed reviewer 1 second comment in both the discussion and conclusion:

**Discussion:**

*Such management may be of value, since these patients with NSCP might have high morbidity (e.g. recurrent admissions) that might be improved by focusing away from the heart and more on other causes of their pain. If patients are simply reassured and discharged with a negative troponin test, they will, given a lack of explanation, simply come back again the next time they experience pain in order to have a troponin done. So far, such an additional approach to systematically evaluate possible non-cardiac causes of chest pain not been incorporated into the ESC statement.*

**Conclusions:**

In order to emphasize the referee’s comment, we have now extended the third sentence as follows
These remaining patients may be offered a comprehensive non-cardiac evaluation of their symptoms in order to explore possible causes of their pain.

i.e., the last 9 words are added when compared with the previous version.

Hopefully, you may now find our review acceptable for publication in BMC Medical.

Sincerely Yours,

Vidar Ruddox, MD