Reviewer's report

**Title:** Tinnitus in elderly patients and prognosis of mild-to-moderate congestive heart failure: a cross-sectional study with a long-term extension of the clinical follow-up

**Version:** 1 **Date:** 5 October 2010

**Reviewer:** Dirk De Ridder

**Reviewer's report:**

**Major Compulsory Revisions**

1. the authors analyse a lot of parameters but do not correct for multiple comparisons

2. in the same sense, the authors correlate tinnitus to hemodynamic changes in circulation of the inner ear caused by CHF. However, as the study was performed in an elderly population, the tinnitus could also be the result of sensorineural hearing loss due to presbyacusis. How can the authors differentiate between CHF related and presbyacusis related hearing loss ? This has to be controlled for. Since the authors have audiometric data, it is possible to do so.

3. one of the claims is that "the patients with tinnitus showed a greater use of angiotensin receptor blockers and diuretics, which probably reflect the larger proportion of patients with more severe NYHA functional class and might explain the lower BP values. Interestingly, tinnitus was also associated with greater use of NSAID, which could partially explain the differences ...". All these medications can have tinnitus as a side effect. How can the authors ascertain that the tinnitus is due to congestive heart failure and not to side effects of these drugs ?

**Minor Essential Revisions**

on page 8 I imagine that "heart rate of 0.61" should be "hazard ratio of 0.61"

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests