Reviewer’s report

Title: Hyponatremia during hospitalization and in-hospital mortality in patients hospitalized from heart failure

Version: 3 Date: 14 April 2015

Reviewer: Dmitry Shchekochikhin

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Major Revisions:
1) Hyperglycemia can influence on serum sodium level (by causing pseudohyponatremia). So serum sodium level should be adjusted to blood glucose in case of severe hyperglycemia. The patients in hospital-acquired hyponatremia subgroup required more insulin prescription. We can assume that some of these patient decompensated their DM due to infections and so on, but did not develop real hyponatremia.

Minor revisions
1) Patients characteristics in subgroups (hyponatremia in admission, developing hyponatremia during hospitalisation in patients with normal serum sodium at admission) via table would be a good idea
2) One of the limitations is a lack of data about diuretics dosing and volume of infussions. Hospital-acquired hyponatremia is a complex entity. It can be caused by progressive worsening of heart failure, comorbidities such as pneumonia, infussions of hypotonic solutions as D5 or half-normal saline or by diuretics (especially thiazides and large doses of spiro). More date on this issue could clarify the pathophysiology of hospital-acquired hyponatremia.
3) Did you made adjustments to logistic regression model ? (for example age, LVEF, renal function. etc).

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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 interests