Author’s response to reviews

Title: Unsatisfactory risk factor control and high rate of new cardiovascular events in patients with myocardial infarction and prior coronary artery disease

Authors:

Jarle Jortveit (jarle.jortveit@sshf.no;jarle.jortveit@gmail.com)
Sigrun Halvorsen (sigrun.halvorsen@ous-hf.no)
Anete Kaldal (anete.kaldal@sshf.no)
Are Hugo Pripp (apripp@ous-hf.no)
Ragna Elise S Govatsmark (ragna.elise.store.govatsmark@stolav.no)
Jørund Langørgen (jorund.langorgen@helse-bergen.no)

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The Editor
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Thank you for important and constructive comments to our manuscript ”Unsatisfactory risk factor control and high rate of new cardiovascular events in patients with myocardial infarction and prior coronary artery disease”.

We have revised the manuscript in accordance with the comments and suggestions from the reviewer 3, and our response is delineated in the following.

We hope you find our comments and revisions satisfactory.

Yours Sincerely,

Jarle Jortveit, MD PhD
Sørlandet hospital HF, Arendal
Box 783, Stoa, 4809 Arendal, NORWAY
Response letter

Response to Reviewer 3

Some of Your answers could also have been introduced in the discussion for instance the limitations of the NORMI register having no info on the causes of death, having no info on the management after the primary hospitalization; it would also be of interest to know somewhat more on why so many patients with established CHD are not on a statin in a country like Norway and in a period when the efficacy and safety of statins for secondary prevention were well demonstrated.

Reply: Thank you for this important comment. These limitations of NORMI have now been included in the Discussion section (page 11):

“The NORMI did not register information about patients after the primary hospital stay, and we had no information regarding cardiac rehabilitation programs and causes of death in patients who died.”

The NORMI had no information who could explain why so many patients with established CHD are not on a statin. We believe that poor patient compliance and lack of a systematic follow-up program are important (page 9):

“Although Norway has a well-functioning health care service with low direct cost for the patients and most patients received guideline-recommended drugs, control of LDL cholesterol, blood pressure and blood glucose were inadequate. Possible explanations may include a lack of up-titration of drug doses, lack of drug combinations with different modes of actions, and poor patient drug compliance. Another reason might be the lack of a national programme for systematic outpatient secondary prevention follow-up.”