Author's response to reviews

Title: Use of exercise tests in primary care: importance for referral decisions and possible bias in the decision process; a prospective observational study

Authors:

Gunnar Nilsson (gunnar.nilsson@jll.se)
Thomas Mooe (thomas.mooe@medicin.umu.se)
Lars Söderström (lars.soderstrom@ill.se)
Eva Samuelsson (eva.samuelsson@umu.se)

Version: 5 Date: 14 October 2014

Author's response to reviews: see over
Dear Editor-in-Chief

Thank you for your prompt response. We have carefully considered all of the comments, and the manuscript has been revised accordingly.

We hope you find the revised version improved and acceptable for publication.

Below, we have included our responses. We have addressed all comments and suggestions individually.

Yours sincerely,

Gunnar Nilsson
MD, General Practitioner
Department of Public Health and Clinical Medicine
Umeå University, Sweden
1. In the revised abstract results, the age gradient and the concern about patients with positive exercise tests who were not considered for cardiologic care is described in rows 43-46: "In patients with positive exercise tests, the referral rate decreased continuously with age (OR 0.48, 95% CI 0.23-0.97; adjusted for cardiovascular co-morbidity). Cardiovascular events occurred in 22.2% (4/18) of non-referred patients with positive exercise tests; 56% (10/18) of these patients were not considered for cardiologic care, with continuity problems in primary care as one possible contributing cause."

2. In the revised discussion section, subsection "Interpretation of findings", we discuss these findings in rows 346-350: "The reasons not to refer patients with a positive exercise test to cardiologic evaluation remain obscure; in 56% of such cases, the records did not provide any data reflecting the test result or actions taken. One possible contributing cause is continuity problems in primary care, with GPs working on short-term contracts. A more thorough exploration of this issue is beyond the scope of the present investigation."

3. In the revised conclusions section, rows 367-368, we emphasize that: "Patients with a positive stress test are at high risk for cardiovascular events, and reasons for non-referral should be appropriately documented."