Minor issues:

1 .In table 1 - what does the third column mean? I assume it is the age of the patient, it should be clarified

2 .In figure 2 - I suggest explaining or mentioning what does the blue, green, red and grey lines mean. I assume it refers to the outcomes after 30 days, 90 days, 180 days and one year.

3. There are inaccuracies in some referrals in the text: page 40 line 16 – supple table 4,5 (instead of 3,4). Line 18 – suppl table 4 (instead of 3). Line 23 – supple table 5 (instead of 4). Line 25 – supple table 4,6 and 7 (instead of 3, 5, 6).

4. In figure 4 – which kind of heart disease? The OR of 3-year all-cause mortality with readmission for AMI is almost 1.4, the OR of 3-year all-cause mortality with readmission for arrhythmia is almost 0.6. What does "heart disease" refer to?

5. On Table 2. Heart failure patients with history of hypertension characteristics – is it possible to add a description of the patient's comorbidities?'

6. Additional reference (also published in the " J Clin Hypertension") which was not included in the current manuscript and may contribute to the discussion section is:

Irit Ayalon-Dangur BSc, Yaron Rudman MD, Tzippy Shochat, Shachaf Shiber MD, Alon Grossman MD. Elevated blood pressure during emergency departments visit is associated with increased rate of hospitalization for heart failure: A retrospective cohort study. J Clin Hypertens. 2018;1–6.

They showed that elevated blood pressure during an emergency department visit is associated with an increased risk for hospitalization for heart failure during an 18-month follow-up period compared with normotension.

7. The mean age at first heart failure admission was 74.9. It might be interesting to make a sub-analysis or stratification by age. Maybe the results will be different for elderly patients compared to younger patients.

8. The severity of heart failure and the medical therapy are not documented. These are very important details that can influence the outcome of the patient, the chance to be readmitted and may also influence mortality. However, it is likely that the great number of patients, their diversity together with the long follow-up period overcome this limitation.

9. What is the difference between Table 1 and supple Table 3?

10. Page 44 lines 33-49 – "In the present study, LOS was associated with higher all-cause readmission and all-cause mortality… Rather, the reason for the higher case fatality and rate of readmission was probably due to a more advanced staged of HF in these patients".

That is probably the reason, however there is no data regarding the severity of heart failure and the type of heart failure in the patient's cohort. A different consideration is that a longer duration of hospitalization exposes the patient to complications of hospitalizations such as line sepsis, falls and so on.

11. In the top of Table 2, please note the total number of patients in the study.

Major issues:

1. The analysis is very interesting, the database includes a great number of patients with a long follow-up period, however when I read the article, I am asking myself what is the "take home message" from the article? What are the practical recommendations?

The article concludes with the sentences (page 46 lines 43-52): "more than sixty per cent of these patients were readmitted within one year, and that patients who were readmitted had a significantly higher all-cause mortality over a three-year period than those who were not readmitted. This provides an opportunity to improve the prognosis of HF in patients with history of hypertension by preventing and managing comorbidities and appropriate discharge planning". This information is already known, the significance of the control of cardio-vascular risk factors including hypertension was already demonstrated in previous studies.

2. Table 3 and page 40 lines 28-44 – predictors of higher all cause readmissions. What are the practical recommendations? The same refers to figures 4 and 5.