Author's response to reviews

Title: Risk factors among people surviving out-of-hospital cardiac arrest and their thoughts about what lifestyle means to them: A mixed methods study

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Author's response to reviews: see over
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Editor,

BMC Cardiovascular Disorders

Dear Editor,

Hereby we resubmit the manuscript entitled: **Risk factors among people surviving out-of-hospital cardiac arrest and their thoughts about lifestyle: A mixed methods study** (MS: 7175449799657390)

We have now revised the manuscript in accordance with editorial requests and reviewer’s comments, which we place a great value on, and we hope that the revision will make the manuscript more comprehensible.

Yours sincerely,

Ann-Sofie Forslund

Doctoral Student
We have handled the comments in the following way.

General points

- The qualitative component in our study adheres to RATS guidelines on qualitative research, and it is mentioned in the methods section, validity/reliability.
- The manuscript is revised in line with the journal style.

Reviewer 1

1. The incidence of OHCA and survival rate has been added in the background section.

2. The Västerbotten Intervention Programme (VIP) has been clarified in the methods section, setting.

3. Results part I has been revised as suggested, 63 % were overweight/obese.

4. Data analysis, end of line 2, cf is erased.

5. The aim of the study has been clarified, and is to present known risk factors among people before OHCA-V and what lifestyle means to them after surviving. The study title has also been revised. The study of Bremer et al 2009 is very interesting and aim to describe experiences of surviving OHCA and aspects affecting their well-being. Our study do not aim to elucidate survivors’ experiences of surviving but our aim was to give voice to survivors’ thoughts about what lifestyle means to them after suffering an OHCA-V. Therefore we have decided not to use suggested reference in our background for this study. Instead we will use it our two coming manuscripts.
6. The methods section has been revised and hopefully is made clearer. For your convenience we attach a flowchart of the participants included in the study.

7. People included in our study suffered their OHCA-V between the years 1989-2007, meaning they had their OHCA-V, 4-22 years ago. In the methods section we have chosen to present information about the interview participants, time since OHCA-V and age, at the interview situation, because we found that information to be most important.

8. The results part II, the second quotation, referenced participants have been revised.

9. Table 2 have been revised as suggested.

10. The discussion section has been complemented with suggested reference which we found very interesting. Added in the conclusion are more information about what the study results adds to secondary prevention and how it can be used by health care professionals.

11. The reference Wiles was interesting. The aim in our study was not lifestyle changes or why people do not make and sustain changes; therefore we have used other references in our discussion.

Reviewer 2

1. In the methods section, settings, we have added information about the MONICA projects inclusion criteria of people’s age. The limitation in age has also been described in the study limitation section.
2. Table 1 has been revised and are hopefully made more comprehensible.
2977 people suffered an OHCA-V and were registered in The Northern Sweden MONICA project, between the years 1989-2007 (Reference # 34)

71 people were alive 28 days after onset of symptoms and are included in the quantitative data analysis

46 people were alive 25th of January 2011 and were sent a letter explaining the aim of this study, asked to fill out the questionnaire and/or participate in an interview

25 people had died

14 people did not reply

2 people chose not to participate

32 people answered the questionnaire

15 people answered they were also interested in participating in an interview

2 people chose not to participate

13 people accepted to be interviewed and are included in the qualitative data analysis