Reviewer’s report

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

Version: 1 Date: 16 June 2013

Reviewer: Annelie Sundler Johansson

Reviewer’s report:

Thank you for the opportunity to review this submission which I enjoyed reading. It is an interesting paper that contributes to the understanding of how people with cardiovascular disease approach their lifestyle and manage risk behaviors, which I think needs to be addressed to a larger extent in secondary prevention. Knowledge is needed on how secondary prevention for patients after CVD can improve a healthy lifestyle, prevent illness and support patients to re-gain health and well-being. However, before I can fully recommend for publication there are some major essentials that need to be considered.

Overall:
A well-written article. It is important to gain insight into how people with CVD approach their lifestyle and manages risk factors in daily life, in order to improve people’s health and well-being.

Minor compulsory revisions
1. Survivors of OHCA are relatively uncommon; the prevalence of OHCA and survivors could have been mentioned in the background.
2. What do the abbreviation VIP refers to? See data collection, first paragraph.
3. Results part I: Almost half of the participants were reported to have overweight, which can be understood as the other half do not having overweight. May clarify that solely about 35 % were normally or underweight, and about 50 % have overweight and about 15 % have obesity, or that about 65% had overweight or obesity.
4. Data analysis, end of line 2 there is cf, a mistake?

Major compulsory revisions

Background:
5. The background gives a brief overview of the field. The research question posed and the aim of the study could be more explicit. The study would benefit from the researcher given more support for the aim of the research. The study used a mixed method approach, investigating risk factors and thoughts (or experiences?) about lifestyle after surviving. The study could be better located within the extent knowledge base in its area. There are studies investigating survivors’ experiences following OHAC, (for example Bremer, Dahlberg &
Sandman, 2009, Qualitative Health Research).

Method

6. The sample – 46 people were asked to complete a questionnaire focusing risk factors, of those 32 answered. The quantitative data reports findings from 71 people. The questionnaire and when the data reported in the results were collected are confusing. When were the quantitative data reported in the findings collected? How was the questionnaire in 2011 used? Was quantitative data gathered in 2011 or earlier (from the MONICA project)? In the questionnaire sent to the participants in 2011, were the participants then asked for risk factors prior onset of the OHCA? (Which could be about 17 years ago.) In table 1 characteristics prior onset of OHCA is reported. The study would benefit from the sample and data collection being clearer about this.

7. The sample – the interview participants suffered the OHCA-V 4 to 17 years prior to the interview. The same information is needed on all participants in this study. How many years ago suffered all participants included in the study their OHCA-V?

8. Results part II is well written, and easy to follow. There is one small thing to adjust, in the second quotation under the sub-categories feeling grateful for a second chance at life – several participants are referenced in the quotation. Several participants cannot be referred to in the same quotation, even if they said similar things.

9. Table 2 – the number of categories and sub-categories are not relevant, please remove numbers.

Discussion

10. Paragraph two – Social support and the meaning of close relationships are discussed. Findings are discussed in relation to heart failure patients. Studies have been conducted on patients with CVD, and references from this area would be of great interest (for example Sundler, Dahlberg & Ekenstam, 2009. The meaning of close relationships and sexuality: Women’s well-being following a myocardial infarction. Qualitative Health Research, which describes meaningful relationships as important and meaningful for women’s health processes and well-being following an MI).

11. A more substantial discussion and conclusion with more solid recommendations for practice would improve the study. I agree with the authors that this study findings are important in secondary prevention. Please add more information or try to be more clear about what this study add to secondary prevention and challenges in the health care according to your findings. I suggest the reference Wiles, 1998, Patients perceptions of their heart attach and recovery: the influence of epidemiological “evidence” and personal experience in Social science and medicine.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

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