Reviewer's report

Title: Obstacles and alternative options for cardiac rehabilitation in Nanjing, China: an exploratory study

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Reviewer: Isao Nishi

Reviewer's report:

The present study examined “Obstacles and alternative options for cardiac rehabilitation in Nanjing, China”.

The aim and purpose of the present study are well understood, and important. However, the authors should describe clearly novelties of the present study in introduction and discussion. In addition, many limiting factors are critical in the present study as the author point out in limitation paragraph.

- Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

Methods, Design, first paragraph

Please describe details of CR (exercise) protocols. For example, the exercise program consisted of walking, bicycling on an ergometer, and calisthenics of min/session 3 sessions/week for 12 weeks. Exercise intensity was determined individually at % of heart rate reserve (Karvonen’s equation: k=), an anaerobic threshold level obtained in a maximal symptom-limited cardiopulmonary exercise test, or at levels 11–13 (“fairly light” to “somewhat hard”) of the 6–20 scale rating of perceived exertion (the original Borg’s score). Patients were encouraged to attend education classes, which were held times each week with lectures given by physicians, nurses, dieticians, and pharmacists on coronary artery disease, secondary prevention, management, diet, smoking cessation, and medication. In addition, all exercise training group patients received individual counseling on exercise prescription, secondary prevention, and daily life activities by a physician and a nurse at the time of hospital discharge and at the end of the 12 weeks cardiac rehabilitation program.

Methods, Design, second paragraph

Please describe details of the author’s alternative educational program.

Methods, Design, last paragraph

The authors defined attendance as having at least one cardiac rehabilitation or self-choice educational program session. However, if all patients participate all program sessions or only one program session, patient characteristics and backgrounds might be different results. Please describe the amount of attendance of cardiac rehabilitation program session or self-choice educational program session. In general, if patient participate only one program session, we do not think this patient complete cardiac rehabilitation program.
Please describe details of the health problems.

What are beneficial effects of attendance of the 12-week cardiac rehabilitation program or 8-week self-choice educational program? For example, did the peak VO2 increase significantly in patients with 12-week cardiac rehabilitation program?

- Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

During the past decade, participation in hospital-based CR programs participation rate in hospital-based CR programs these alternative CR models have demonstrated improved outcomes for patients these alternative CR models have demonstrated beneficial outcomes for patients

CR is a rapidly developing area of health care in developed Western countries. In developed Western countries, CR is a rapidly developing area on health care. we introduced a standard CR model based on we firstly introduced a standard CR model based on

Please describe references. In searching for barriers to CR and potential solutions to the CR gap, we introduced a standard CR model based on a 3-month outpatient program for patients following acute coronary syndrome (ACS) in our center. [references]

At the same time, an alternative self-choice educational program offered at minimal cost was also proposed for those who did not opt for the standard CR program, with the purpose of increasing knowledge about heart disease and stimulating lifestyle changes. Secondly, if patients did not participate to the standard CR program, we offered an alternative self-choice educational program for increasing knowledge about heart disease and stimulating lifestyle changes.

1) to identify barriers that prevented CHD patients from participating in the standard CR program # 1) to identify barriers for unparticipating in the standard CR program

2) to investigate whether patients preferred an alternative self-choice educational CR model for the delivery of information # 2) to investigate whether patients preferred an alternative self-choice educational CR model for getting information

Additionally, the desire for specific informational needs regarding heart disease and preventive therapies were also examined. # Finally, 4) the desire for specific information regarding heart disease and preventive therapies were also
examined.

Methods, Design, first paragraph
While still in the hospital following their procedure, # While patients were still in
the hospital following their PCI or CABG procedure,
by a nurse from the CR team regarding # by a CR nurse regarding

Discussion, third paragraph
in the acute care acute,
Additionally, information may have been delivered at a time when patients were
unable to completely understand the information, # Additionally, because
information may have been delivered at a time, when patients were unable to
completely understand some information by medical staffs,

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests.