Author's response to reviews

Title: Home-based versus hospital-based cardiac rehabilitation after myocardial infarction or revascularisation: design and rationale of the Birmingham Rehabilitation Uptake Maximisation Study (BRUM): a randomised controlled trial [ISRCTN72884263]

Authors:

Dr Kate Jolly (C.B.Jolly@bham.ac.uk)
Gregory YH Lip (gregory.lip@swbh.nhs.uk)
Ms Josie Sandercock (J.Sandercock@bham.ac.uk)
Dr Sheila M Greenfield (S.M.Greenfield@bham.ac.uk)
James P Raftery (J.P.Raftery@bham.ac.uk)
Dr Jonathan W Mant (J.W.Mant@bham.ac.uk)
Dr Rod S Taylor (R.S.Taylor@bham.ac.uk)
Kaeng Wai Lee (kaeng.lee@swbh.nhs.uk)
Deirdre Lane (deirdre.lane@swbh.nhs.uk)
Andrew J Stevens (A.J.Stevens@bham.ac.uk)

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I am attaching a revised version of the paper which addresses the comments made by the reviewer. The changes made are highlighted by a point by point response below.

I have addressed the formatting changes that you requested.
1. It is extremely difficult to measure uptake and adherence in a home-based programme. I do however agree with the reviewer that at times the term uptake has been used, where adherence would be more appropriate. I have made changes from 'uptake' to 'adherence' in the abstract, the section on outcome measures and in table 2.
2. I agree that we may have over-emphasised the sub-group analyses, given their relative lack of power. In the methods/design section I have amended the section to read: "To answer these questions BRUM will determine whether there are differences at 6 months, 1 and 2 years following hospital- and home-based cardiac rehabilitation in objective cardiac risk factors; patient reported uptake and adherence. It will also explore whether these differ between patient groups (the elderly, women and patients from ethnic minority groups)."
3. As mentioned in point 1, identifying poor uptake and adherence in the home-based group is difficult and we do not claim to have a tight definition. I have expanded the section 'participants and sampling' which describes non-adherence in the home-arm to include "participants who cease participation during the 12 week programme."