Author's response to reviews

Title: Relationship between blood pressure measurements recorded on patients' charts in family physicians' offices and subsequent 24 hour ambulatory blood pressure monitoring.

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Version: 2 Date: 11 Dec 2003

Response to reviewers:

Reviewer: Gregory Lip
We would be interested to know what Dr. Lip finds odd about the paper. :)

Thank you for pointing us to the recent article in J Hum Hypertens. It was appropriate and we have added a reference to it.
We have added details about the 24 hr ABPM machine and its validation.
We have added a hypothesis as suggested.

We do not have information on whether the management of hypertension in individual patients was optimal. The studies are pragmatic, effectiveness trials. We are simply taking the situation for what it is: determining who had achieved target according to information in the patients' charts; and then comparing this assessment to results of the 24 hr ABPM. While age, sex, drugs, comorbidity, and numerous other factors could be used to subgroup these people, we feel this would be an over analyses of the data. We would prefer to keep it simple and look at target assessment according to the chart and compare that to target assessment according to ABPM.

Reviewer: Bernard Waeber

Thank you for pointing out that we had used "less than or equal to" in front of the target levels instead of just 'less than'. We in fact are using less than 140/90 etc as the target levels for clinic measured blood pressure.
Since we are conducting pragmatic effectiveness trials in a community practice setting, we have no control (nor should we have) over how the blood pressure was measured in the family physicians office. And sense we are abstracting this information from the charts, the measurements actually occurred in the recent past.
For ABPM targets we are using less than 135/85 for all patients since we are using the levels recommended in the Canadian Hypertension Guidelines which do not have different levels for different disease states.
We are uncertain what is unclear about the first paragraph in the Background.