Reviewer's report

Title: Quality of Care for Hypertension in the United States

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Reviewer: Michel Joffres

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General

1. Is the question posed by the authors new and well defined?

This may not be a totally new question, but one that deserves a study of this scale to add to our understanding of how quality of care can improve hypertension control and therefore reduce morbidity and mortality on a large scale. Yes the question is well defined and the data presented very important to publish.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

The process followed by the authors is well documented, and the level of detail sufficient to be able to replicate the findings. Some level of information would be too detailed to fit into a publication format but are probably available through the authors. The development of quality-of-care indicators followed a thorough process and lead to a logical set of indicators.

3. Are the data sound and well controlled?

The data are well presented, and some of the limitations recognized. It would have been nice to have a sample that included practices in smaller communities. In addition, despite the issue of record abstraction compared to standardized patients with audiotapes of encounters, as pointed out by the authors, these data probably represent a favorable picture of the quality of care in the population. Are excluded from the denominator those who were not diagnosed or had no BP measurements or had false low BP measures that would be picked up by a population survey for example. The findings about younger age groups and smokers are very important.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?

Yes, with very cautious inferences.

6. Do the title and abstract accurately convey what has been found?

Excellent summary of the study

7. Is the writing acceptable?

Very well written.
Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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

Abstract: ((45% vs. 35%, p=.0006). (two parentheses).

Discussion: “Later guidelines have suggested lower thresholds for diabetics; our findings remained consistent when we used 135/85 for this population.” Shouldn’t it be 130/85?

I am not sure that reference #19 for the discussion around smoking is the good one.

Discretionary Revisions (which the author can choose to ignore)

Background: “Lowering diastolic blood pressure (BP) by 10 mm Hg can reduce the number of strokes by as much as 56% and the incidence of coronary heart disease by 37%.[2]” This is an older reference and it seems that reducing systolic BP has a greater benefit in the more recent literature.

Results: “Of the 1,368 patients (70%) who were receiving pharmacological treatment for hypertension, 25% were prescribed beta-blockers, 37% diuretics, 30% calcium channel blockers, and 35% angiotensin converting enzyme inhibitors or angiotensin II receptor antagonists.” Is it possible to know how many had a combination therapy (I realize that since there are changes in treatment during follow-up this might not be easy, but may be a point in time could be used)?

Which journal?: Appropriate or potentially appropriate for BMC Medicine: an article of outstanding merit and interest in its field

What next?: Accept for publication in BMC Medicine after discretionary revisions

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

Received educational and travel funding from different pharmaceutical industries (including BMS) who could potentially benefit from the publication of this paper