Reviewer's report

Title: A randomised trial of a brief cognitive-behavioural, manualised, self-management programme for hypertension delivered in a cardiac patient club in Shanghai

Version: 3 Date: 23 September 2007

Reviewer: Sheldon Tobe

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General
This is a report of a randomized prospective community participatory research study looking at the impact of a group cognitive behavioural therapy program to lower blood pressure in hypertensive people living in Shanghai who are followed in a chronic disease management system.

This is a report of a randomized prospective community participatory research study looking at the impact of a group cognitive behavioral therapy program to lower blood pressure in hypertensive people living in Shanghai who are followed in a chronic disease management system.

The question posed by the authors about the effects of a group behavioral therapy program on blood pressure was well defined and has not been attempted before. The methods are appropriate but the description requires revision for clarity and additional details as listed are required to allow others to replicate the work. The source of subjects, those with hypertension recorded onto the medical record and the exclusion criteria was satisfactory but more information is needed on how they were selected. A wait-list control group was used to reduce bias and confounding. This methodology has been used successfully for studies of lifestyle interventions with wait list period that are relatively brief to help with recruitment and ethical issues as participants usually want to experience the intervention (such as Linden et al). The intervention was defined as 4, 2.5 hour small group sessions over a 5 week period. The content was described in a table and included a self-management manual. The sessions included an educational talk from a community doctor, but we are not told if this was an investigator or the same physician for each small group or what that doctor’s training was. A confounder that could introduce variability, came from the use of a facilitator in each of the small groups, drawn from the patient population of each group. The statistical analysis is strengthened by the inclusion of the power analysis.

The discussion and conclusions should be tightened up.

The abstract and manuscript should try to refer to this program as objectively as possible.

The writing should be tightened up throughout the manuscript. Many non-specific descriptors, such as the word brief, are used when specific data can be
described.

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

The introduction should include more information on the impact of cognitive behavioral programs on blood pressure such as the study by Linden, W, et al, Archives of Internal Medicine, 2001.

The intervention appears to have lowered BP in association with increased activity levels. Lifestyle adjustment is the foundation of BP management. When effective, many subjects may not require medications and many more will achieve BP control with fewer medications. This study does not justify claims that a group cognitive behavioral therapy should replace medical therapy. No economic data was presented, and economic discussion should not be included in the conclusion without backup data.

For those subjects taking medications, more clarity is required. Many patients were taking a local remedy that contained a diuretic. Numbers for these are listed in the table but it is also necessary to report numbers for those taking western medicine, even though it was a small number. It must be shown that there was not an imbalance between the treatment and control group for this factor.

The method of choosing the facilitator was not described. The facilitator had responsibilities including contacting all of the members of each group once a week. More information should be given on how the facilitator was chosen and how the impact of the facilitator on changing the groups was minimized and shown not to have been significant.

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

The word brief is used too frequently without indicating the length of the program. It should be described preferably as a 5 week group cognitive behavioral therapy program. Similarly the word brief in the title should be removed for ‘a 5 week’. The word manualized, might better be substituted with ‘manual based’.

A stronger description is necessary for how subjects were recruited sequentially from the chronic disease management program.

The BP figure, could possibly be simplified to include systolic and diastolic in the same figure, or in side by side figures. More discussion on the change in activity level and how this occurred would be helpful.

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Discretionary Revisions (which the author can choose to ignore)
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

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.