Author's response to reviews

Title: Current European guidelines for management of arterial hypertension: Are they adequate for use in primary care? Modelling study based on the Norwegian HUNT 2 population

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Author's response to reviews: see over
Dear Editor

We refer to your e-mail answer dated 2009/3/17 regarding our paper

Current European guidelines for management of arterial hypertension: Are they adequate for use in primary care?
Modelling study based on the Norwegian HUNT 2 population

We want to express our appreciation for the valuable comments provided by the two reviewers, and for giving us the option to submit a revised manuscript to BMC- General Practice

The considerations of the reviewers have lead to a revision of the manuscript, and we have tried to respond to each point.

You have identified the reviewers as Reviewer 1 (Leif Erhardt) and Reviewer 2 (Henry EE Stoffers). Reviewer 2 has numbered his minor comments as 1, 2, 3, etc., but Reviewer 1 has not.

We will comment on the different points as 1:1, 1:2, 1:3, etc by reviewer 1, and 2:1, 2:2, etc. by reviewer 2.

We prefer to start with the comments from reviewer 2.
2:1. Reviewer suggests to combine fig 1 and 2 and shorten the method section. We have agreed upon these suggestions. In our present reviewed version we have made a new figure, figure 1 based on the previous fig 1 and 2.

2:2. We agree. We have shortened the Method chapter, made new headings, and rearranged the text accordingly.

2:3. We have now put the number of follow-up visits per year in fig 1, and thereby made it easier for readers to follow our interpretation of the guidelines and make their own calculations.

2:4. We agree and in the present revised version, we have combined figure 4 and 5 into one figure, figure 3.
2:5. We have moved the paragraph “compared with other European regions...” to the discussion chapter.

2:6. Reviewer 2 wonders if table 1 needs to be included. We think so, partly because it is necessary if anyone would want to evaluate or recalculate our data or age standardisation (Norwegian, World or European age standardized distribution), which is based on the participation rate.

Reviewer 1.
1:1. Reviewer 1 mentions that our research question is an important one but wants us to discuss various issues and problems related to CV risk assessment. We feel that this has already be done in our background chapter and in the discussion chapter.

1:2. Reviewer 1 mentions that the EHS/ESC hypertension guidelines are probably the most flawed of all risk assessments tools.
   As mentioned in our background chapter, The 2003 hypertension guidelines became the most quoted paper in the medical literature, and the 2007 European guidelines on hypertension are the most recent updated version of these guidelines. They have been launched as the “state of the art” at present. We therefore consider these guidelines an important target for modelling study like ours.

1:3. Fig 4: See earlier comments on merging the figures.

1:4: Calculations regarding visits to GPs.
   See earlier comments on this point. We have put our interpretation of the guidelines regarding number of follow-up visits per risk category into fig 1 for clarification, This is further described in the text in the Method chapter.

1:5. Reviewer 1 wants in depth discussion on the problems of risk assessment. We have not responded particularly to this point, as we feel this will make our paper much longer.

1:6. Reviewer 1 raises the question if the ESH/ESC guidelines are of any value at all, and wants us to answer these critical questions and perhaps make some new algorithms. Our results indicate strongly that there is something fundamentally wrong in the theoretical framework of the
guidelines, and we need to rethink the methodology used for most of the current guidelines.

All authors have proved the revised version of our paper

Sincerely, on behalf of the authors

Halfdan Petursson