Reviewer's report

Title: Factors associated with patients self-reported adherence to prescribed physical activity in routine primary health care

Version: 1 Date: 2 March 2010

Reviewer: Martin-Cantera Carlos

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MAJOR COMPULSORY REVISIONS

ABSTRACT

The first sentence of the Conclusions section does not answer any aim of the study, from what had been stated before, and is not even mentioned in the Results section. Maybe they talk about feasibility of self-reported measurements of physical activity in the text of the paper, but the Abstract should stand alone. Either drop that sentence, or make a previous mention of it, at least in the Results section.

The methods section should state the percentage of women in the sample population, the mean age ± SD, and the number of subjects that completed the 3 and 12-month follow-up.

In the results section you state that higher adherence was associated with prescriptions including home-based activities but in the methods section you do not state that there were different types of prescription.

The results are devoid of any indication of the size of the associations in important outcomes; simply reporting that there was an association does not provide readers with enough information.

INTRODUCTION/BACKGROUND

At the end of this section, main aim is exposed in an unclear way. It could be changed for something like “We aimed to assess the effectiveness of a Swedish PAR scheme in actual PHC…”.

METHODS

Study Setting: if space is an issue, I would exclude (or make into a very brief summary) the second paragraph of this subsection.

Population of study not well defined. What about exclusion criteria? Or at least, age range to recruit...

We consider it necessary to report on some features of care at these centers, for example the number of visits per day, or the number of patients per professional. This is an aspect that may influence the feasibility of any intervention

Intervention (quoting) “was intended to be patient-centred… and to take into consideration the patient’s current activity level, activity history, capacity, motivation, and interests.”, so I guess it is quite varying depending on patient
characteristics. But, is there any way to make readers understand the different schemes of intervention prescribed?? A brief and space-saving way to do this would be quoting a published report on this, which probably must be available in the literature.

Under "The prescription procedure" we consider it necessary to include an outline, a chart is possible, with the outline of the proposed intervention.

Moreover, on page 8, second paragraph, are shown aspects of activities that should be included in the section "The prescription procedure":

"The activities could either be home-based (free-living or lifestyle activities such as walking) or structured facility-based provided by a local physical activity organization. Patients who were issued home-based activities and structured facility based activities were classified into a combination category”.

Page 7, last paragraph. I suppose that patients included in group 1 and 2 were not included in the study? Not clear enough.

Page 8. The question used to assess adherence hadn’t been previously validated. You should give some rationale as to why you decided to use this particular question

The main outcome is measured using a non validated questionnaire. Some validated questionnaires on therapeutic persistence are available. If there is a major cause not to use them, it should be clearly exposed in the text.

Patients paid the physical activity centre fee by themselves, so a selection bias might be present (only people with enough resources to afford it are studied, and they are supposed to be better at following doctor’s prescriptions). This should be stated as a limitation in the Discussion section, but it is not at all.

Statistical analyses: authors say “As the aim of the study was to analyse adherence, patients reporting part adherence were excluded from these analyses…”. I don’t think just excluding partially adherent patients is the best solution; they can be somehow different than the rest of the population of study. Also, alternative statistical methods to logistic regression are available to deal with categorical non-binary outcome variables, so the analysis of them is feasible.

MINOR ESSENTIAL REVISIONS

INTRODUCTION/BACKGROUND

The sentence starting at page 4, line number 3 should be referenced, as it seems to quote evidence based knowledge, but it isn’t.

METHODS

More visual information on loss to follow-up (flow-chart) could be helpful.

References:

It should review the high benchmark 2, delete "In".

Table 1:

Diabetics in monitoring, appears to have less than 3 months (195) at 12 months
ADVICE ON PUBLICATION

As stated, there are many major compulsory revisions to make to this paper before it can be published, as it is impossible to check or reproduce their study reading the paper. As a general advice, the use of some reporting guideline, such as STROBE or CONSORT, could be helpful to solve most of the comments and suggestions made.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.