Reviewer’s report

Title: Knowledge of stroke risk factors among primary care patients with previous stroke or TIA: a questionnaire study.

Version: 1 Date: 18 March 2010

Reviewer: Amanda Thrift

Reviewer’s report:

The authors have assessed knowledge about risk factors for stroke in a population of primary care patients with stroke or transient ischaemic attack (TIA). They further assessed whether knowledge about risk factors was greater in patients who reported having particular risk factors and whether this translated to awareness about their preventive treatment. The study is well-conducted and the findings are of interest. I have outlined some areas where the manuscript could be improved:

Major compulsory revisions:

1. Methods. It is unclear how representative this sample may be of all survivors of stroke in this region. Are there likely to be other survivors of stroke who have been missed using the approach described in the manuscript? The authors should clarify the representativeness of this group of people of all patients with stroke or TIA who live in this region. If this sample is not representative please justify the approach used.

Minor essential revisions:

2. Overall the paper is very well written, although the introduction could be improved. For example, in the second sentence of the introduction please clarify that the “survivors” of stroke remain at high risk of having another vascular event (as many patients will die from the consequences of their first stroke). Further, I would be surprised if a patient’s lack of knowledge about risk factors is an “essential factor in the lack of compliance”. Isn’t it more likely that the patient’s lack of knowledge about risk factors “contributes to the lack of compliance”? Please amend.

3. The word “respectively” should be removed from the manuscript and the comparisons written out in full. This will improve readability. In addition, in the last paragraph on page 10 (first sentence) the authors report the percentage of stroke or TIA diagnoses were recorded as haemorrhagic or ischaemic. It is unclear which of these two groups corresponds to the three percentages provided.

4. The data in the second paragraph of page 11 would be better included in Table 1, and just briefly described here.

5. In the last paragraph on page 13, the odds ratio for cerebral haemorrhage is not the same as that reported in Table 3. Please amend.

6. Last paragraph of results. Data are provided on prescribed drugs and patients
knowledge about whether or not these drugs were intended for prevention. As antihypertensive agents are also important secondary prevention agents for stroke or TIA, the authors should include data on knowledge about whether patients knew that these drugs were also provided for prevention.

7. Much of the discussion, for example the whole first paragraph, simply re-state the findings. It would be of interest here to have some discussion about how their findings differed to those of others, and the potential reasons for these disparities, and not merely a repetition of the results.

8. In Table 1, please define the abbreviations used in the legend.

9. Table 2 would be more useful to readers if it included both univariable and multivariable results. In addition age should be included as this was adjusted for in the analysis. Readers can then see for themselves how these factors changed when adjustment was made for other factors in the model. It would also be useful to include in this table other factors assessed in univariable analyses.

10. In Figure 1 the authors show that 20 patients were excluded because they had their stroke after 1 May 2005. In the text (page 4), a date of 1 May 2006 is provided. Please amend so that the correct date is provided in both places.

Discretionary revisions:

11. Did the authors ask participants about compliance with treatment? If so they may be able to assess whether compliance was associated with knowledge about preventive treatments. This may provide further compelling evidence for improving education about preventive treatments among those at high risk of stroke recurrence. It is understood that this information may not have been collected. However, if it was, then this would be worthy of reporting.

12. The authors reported that very few patients were aware that the “distracters” did not affect the risk of having a new stroke or TIA. Were those who answered these questions correctly more likely to correctly answer the questions on the known risk factors for stroke or TIA?

13. Few patients identified diabetes as a risk factor for stroke, even those who had diabetes. What might be the likely explanation for this? Is it that people with diabetes more often associate their condition with heart disease, retinopathy, or other conditions?

Level of interest: An article whose findings are important to those with closely related research interests

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.

Declaration of competing interests:
I declare that I have no competing interests.