Reviewer's report

Title: General Practitioner initiated lifestyle advice for overweight and hypertension

Version: 1 Date: 11 August 2009

Reviewer: Ivon Milder

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The paper examined whether persons with self-reported overweight and hypertension received dietary advice or exercise advice or advice to reduce salt intake.

Studies like this are of interest because in many countries efforts are made to strengthen lifestyle counseling in (primary) health care. Thus it is important to monitor to what extent patients recall receiving any lifestyle advice and whether progress is being made. However, a major drawback of this paper is that it only includes dietary and exercise advice for overweight and advice to limit salt intake for hypertension. According to international guidelines lifestyle advice for hypertension should include much more than just to limit salt intake, e.g. more extended dietary advice; exercise advice, and advice on smoking and alcohol intake. It is a major omission that they did not include advice on smoking, because for these patients it is usually regarded as more important to quit smoking than to limit salt intake or to loose weight.

The paper only includes self-reported data. This is not necessarily a limitation with regard to the recall of lifestyle advice; because it may be of interest to know what patients actually remember. However, BMI and hypertension are also self-reported. Especially for hypertension this may be a problem because patients that have received extensive (lifestyle) advice from their GP are probably also more likely to remember that their GP told them they had hypertension. Thus, this may lead to overestimation of the proportion of patients with hypertension that received lifestyle advice. In addition, patients that use hypertension medication probably more often report their hypertension than patients that do not (yet) use hypertension medication.

Major Compulsory revisions

1. The above mentioned limitations of the study should be addressed in the discussion.

2. Overall the writing seems quite sloppy, e.g.:
   - In the section Health omnibus survey it is mentioned that 6 additional questions were placed on the questionnaire, in the section the questionnaire 9 additional questions are mentioned.
   - In the abstract a section for the research question or aim is lacking. In the results section the conclusion is described. The conclusions section contains
information that is more suitable for the background section or could be totally omitted.

-Last sentence of sample section: ‘In this 96% that are included in the analyses which also excludes’

3. The title does not accurately convey the contents of the manuscript. It suggests that the frequency of GP initiated advice was studied, but in fact it was only studied whether patients recalled that they received lifestyle advice, and no distinction was made between discussion of lifestyle initiated by the patient or by the GP.

4. The research question posed in the abstract and introduction does not agree with the result it was not investigated to what extent patients received lifestyle advice, this would include an evaluation of the content of the lifestyle advice. Only the proportion of patients that recalled receiving advice was determined.

5. The description of previous work in this field is very limited. The authors should compare their research to previous Australian/international results. Also a brief description of Australian (or international if not available) GP guidelines on management of overweight/hypertension should be included.

6. When was the survey executed? How long was the total questionnaire?

7. I find it highly unlikely that there were no differences in self-reported GP advice by patient age, gender, education or income. This is also in contrast with the result that respondents who reported receiving exercise advice were younger than those who did not. How exactly was this examined? Why were differences in advice received by BMI category adjusted for income, age and education level if these variables had no relation with the frequency of self-reported lifestyle advice? Please also include these important variables in table 1.

Minor Essential Revisions

8. First paragraph of the background section: ‘which increased to 39% for those over 75 years’. ‘Increased’ is used incorrectly in this sentence.

9. The structure of the methods and results section could be improved e.g. in the Method the Health Omnibus survey and the questionnaire section can be combined

10. Please further explain the sampling procedure ‘randomly selected starting pint with fixed skip intervals’.

11. WHO BMI classifications: unit (kg/m2) is lacking.

12. In the abstract it was mentioned that the survey was performed on a representative sample of the population. Representative with regard to which characteristics?

13. From how many household were the final 2947 respondents?
14. ‘Lifestyle advice to patients with multiple risk factors’ suggest that several risk factors were included but this only were overweight and hypertension.

15. In the discussion it is mentioned that 3.4 of every 100 GP encounters involved nutrition of weight counseling. This seems lower that the proportion of patients receiving advice in this study. How should these results be compared?

16. In the discussion please add references for ‘It must be acknowledged that…effect a population wide reduction in blood pressure’ and for the initiative ‘lifescripts’.

Discretionary revisions

17. Section ‘Health Omnibus Survey replace ’annual service provided by’ with ‘annual survey executed by’

18. For table 2 it would be interesting to include also the category healthy/underweight persons with hypertension (unless this is too rare). In addition I would suggest to split moderate overweight (BMI 25-30 kg/m2) and obesity. Instead of the category diet, exercise and referral it is probably more interesting to include a category any advice or referral.

19. Was there a difference in the proportion of hypertension patients with or without medication that recalled receiving advice?

20. (Discussion) A survey found that 80% of GP patients in NSW agreed that GPs have a role…is unclear i.e. should have a role/ currently have a role/ are able to advice on?

21. At the end of the discussion a final conclusion is lacking.

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