Reviewer’s report

Title: Prevention of cardiovascular diseases: a cost study in family practices

Version: 1 Date: 25 March 2011

Reviewer: Vanessa Selak

Reviewer’s report:

Thank you for the opportunity to review this article. I think it provides important information regarding the health service resource implications of the primary prevention of CVD, which is often not adequately considered when guidelines and recommendations are developed.

Major Compulsory Revisions

1. Provide basis on which ethical review not required for questionnaire or video recordings (this may be acceptable in the Netherlands but is unusual in other jurisdictions)
2. Specify whether the consent that was obtained from GPs & patients for video recording consultations allowed for use of the video recordings for the current study (as the recordings were obtained for an earlier study with a different purpose)

Minor Essential Revisions

1. Provide references for the literature on which the questionnaire was based. Ideally this will include guidelines that are used locally, with a clear link between the guidelines and the activities selected for the questionnaire
2. Provide a brief summary of local recommendations for CVD prevention, particularly for primary prevention, including how people without a history of CVD are risk assessed (as this should form the basis of primary prevention interventions such as medications).
3. Explain why only 80 of the 161 FPs in the Netherlands Information Network were sent the questionnaire, and how these 80 were selected.
4. Explain the basis for the statement that that the ‘LINH is a representative network of Dutch FPs’
5. What is the representativeness of the 40 GPs that participated in the video recordings
6. What is the representativeness of the 808 consultations video-recorded
7. Clarify whether patients with a history of CVD were also excluded from the LINH data extract (in addition to ‘patients who had consulted their general practitioner for cardiovascular problems in 2005-2007’)
8. Define what is meant by ‘endocrine diseases’. Is this limited to diabetes (types 1 & 2) or more extensive?
9. Results / prescription / 3rd sentence: specify what is meant by ‘lowest part’ and ‘highest part’ – do you mean the FP with the lowest and highest prescription rates, respectively? (clarification of same point required in Table 3)

10. While it is good that patient characteristics are acknowledged as an important determinant of variability between FPs in prescription rates, the overriding issue is appropriateness of prescribing which should be based on absolute cardiovascular risk (which takes into account patient characteristics). This point should be acknowledged.

11. change anamnesis to history (presuming that is what is meant) throughout document

12. change counseling to counselling throughout document (presuming US spelling is not being used in the journal)

13. change behavior to behaviour throughout document (presuming US spelling is not being used in the journal)

14. change life style to lifestyle throughout document

15. change risk profile drafting to cardiovascular risk profiling throughout document

16. abstract / methods / second sentence: change spending to spent

17. abstract / results / first sentence: change expenditures to expenditure

18. abstract / conclusion / second sentence: delete ‘a’

19. abstract / conclusion / third sentence: insert ‘to determine’ after needed

20. background / third paragraph / first sentence: delete ‘size of the’ and change is to are

21. background / third paragraph / second sentence: change an to a

22. background / third paragraph / fourth sentence: first part ‘Also information is lacking what part of prescription of cardiovascular medication is primary preventive’ needs to be changed. How about ‘Also, information is lacking on the proportion of cardiovascular medication prescriptions that are for primary prevention’.

23. background / third paragraph / fifth sentence: move ‘be’ from between may and not to between always and strictly

24. background / fourth paragraph / second sentence: change wording of iii) to the proportion of cardiovascular medication prescriptions that are for primary prevention

25. methods / questionnaire / third sentence: add ‘the’ between of and above

26. methods / video recordings / second sentence: change what to of and delete were

27. methods / data analysis / first sentence: change practice nurse to practice nurses

28. methods / data analysis / fourth sentence: delete ‘the’ between as and
practice and delete ‘s’ from insurances
29. methods / data analysis / second paragraph / second sentence: change ‘patients without cardiovascular nor endocrine diseases’ to ‘patients with neither cardiovascular nor endocrine diseases’
30. results / costs / first sentence: insert ‘were’ after each %
31. discussion / 4th paragraph/ second sentence: needs to be reworded. How about: ‘Positive . . . as well as negative . . . outcomes are relevant’.
32. Conclusion / 3rd sentence: insert ‘to determine’ between needed and whether

Discretionary Revisions
1. It would be helpful to more clearly specify throughout the article that the study is focusing on cardiovascular primary preventive activities (to distinguish from secondary prevention)
2. It would be helpful to provide the total time spent on CVD preventive activities (i.e. frequency of preventive activities per week x time spent on each activity, by discipline). This would help to put the magnitude of time spent into the context of total FP activity.
3. Change risk factor modifications to risk factor modification throughout document (I think latter sounds better)
4. The categories of patient characteristics and FP characteristics are provided in Table 5, but I think it would be helpful to include these in the methods section too.

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:

VS has received reimbursements for travel and accommodation funded by Dr Reddy's Laboratories Limited, Hyderabad, India to attend international polypill collaborative meetings, but has no financial interest in this product.