Reviewer's report

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

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Reviewer: Ngiap Chuan Tan

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Prevention of cardiovascular diseases: a cost study in family practices

1. Is the question posed by the authors well defined?

The focus is on expenditure on “cardiovascular preventive activities” in Dutch FP. However, the authors are not explicit in defining what constitute “cardiovascular preventive activities”, which should be done clearly in the background description. Do “cardiovascular preventive activities” encompass both primary prevention and secondary prevention activities? Is this a universally acceptable definition or one that is drawn up by the authors, which is also acceptable? Whilst measuring blood pressure for the healthy population is a form of primary prevention activity, prescribing anti-hypertensive medication will likely be secondary prevention of patients already at risk of cardiovascular complication.

Instead of grouping them together, the authors may consider if there is any merit of cost analysis for each component. Secondary prevention activities are likely to incur higher cost, as it also includes blood pressure measurement, lifestyle counseling, consultation and medication.

The authors define cost expenditure on medication as those spent largely on statins and antihypertensive drugs. Shouldn’t anti-platelet medications such as aspirin and the more costly clopidogrel be included in computing the cost of the PPCM?

2. Are the methods appropriate and well described?

The reviewer would like to applaud the authors for taking on the challenge of executing a mix-methods study, which is commendable.

The authors should elaborate on the following:

a. The questionnaire relies on self-reporting of the FP and answers were based on estimates of the “cardiovascular preventive activities”. These are potentially areas of bias and the authors reported them as a study limitation. What is the number of FPs in LINH? How do the authors select the 80 FPs? Randomized or purposeful sampling? Why 80? Any power calculation?

b. Mining the database was carried out only on FPs with complete data sets. This is another area of bias and the authors should explain for such selection. Those FP with incomplete data sets, do they have different prescribing behavior? Is this
why there is considerable “heterogeneity” in prescribing behavior of PPCM between FPs?

3. Are the data sound?

There are limitations in such study that we can recognize but they should be specified in the discussion. The authors have discussed some assumptions but may consider include some of the suggestions as above.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?

The discussion can be improved if the definition of “cardiovascular preventive activities” is made clearer and it will also impact on the conclusion and recommendation. The authors can be more explicit as to what new information does this paper add to medical literature.

Even if there is considerable “heterogeneity” in prescribing behavior of PPCM between FPs, as reported by the authors, what is the implication in clinical care and healthcare expenditure? Is this an issue, apart from the many factors that can affect such prescribing behavior? The authors themselves put up both sides of the arguments (are there references for the “positive and negative outcomes”, but ultimately does it matter at all?

6. Are limitations of the work clearly stated?

Limitations can be expanded, as deliberated above.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

yes

8. Do the title and abstract accurately convey what has been found?

Yes

9. Is the writing acceptable?

Grammatically the authors perhaps should refrain from beginning the sentence with “Also” (“Background”, page 3, para 3, line 5, “discussion” page 10, para 2, line 2) and “Especially” (“Conclusion”, page 12, line 5)

“Background”, page 3, para 3, line 2: “a comprehensive” rather than “an”.

“Cost”, page 8, line 2, a verb should be inserted between “39.8% practice costs…”60.2% personnel…”