Author's response to reviews

Title: Lack of adherence to hypertension treatment guidelines among GP's in southern Sweden - a case report based survey

Authors:

Rickard W Ekesbo (rickard.ekesbo@skane.se)
Patrik Midlöv (patrik.midlov@med.luse)
Sofia Gerward (Sofia.gerward@med.lu.se)
Kristin Persson (perssonkristin@hotmail.com)
Christina Nerbrand (christina.nerbrand@med.lu.se)
Lennart Johansson (lennartkarin@telia.com)

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Author's response to reviews: see over
Dear Sir,

Thanking you for the opportunity to re-submit this manuscript, we do so with our comments to the issues raised by the referees:

Reviewer's report (1):

MAJOR COMPULSORY REVISIONS
1. *The third key point has to be further explained. How was this shown in this manuscript?*

This is applicable for the individual health care centre and the text has been changed accordingly.

*The primary sample for this study was the 24 health care centers selected among 90 available public centers. This gives the study a hierarchical structure with the GP’s being at a second level. Questions:*

2. *The selection process should be explained in more detailed. Were the 24 centers comparable to the rest concerning GP’s clinical experience and interest in hypertension?*

As the centres were randomly selected we believe they represent a cross-section of the entire GP population in the Region Skåne.

3. *Potential intra-class correlations should be explored. Were there any systematic differences between the 24 health care centers regarding GP’s attitudes and considerations? A finding of a practice variation would be of a particular interest for the implications of this study.*

The intention was to analyse the data in its entirety. There has been no division into the separate centres. We agree that there a variation may occur due to the health culture and attitudes of each individual branch but this was not an aim of this study.

4. *The five cases are chosen to represent different patient categories of interest*
for the study aim. They are, however, not representative for a population of
patients with hypertension in primary care. A patient-based study would probably
give a different pattern. This should be stated more clearly.

This has been clarified in the text.

5. The implications of the study should be discussed in more detail.

The text has been extended to cover this

MINOR ESSENTIAL REVISIONS

1. The English language needs professional revision.

The language has been revised.

2. The discussion is split in many short paragraphs giving an unfocused
impression.

We have changed the disposition according to the remarks from the reviewer.

Reviewer's comments (2):

1. Major: The international guidelines presented in the manuscript (ESH/ESC
Guidelines for treatment of hypertension, J Hypertens 2003; and the SCORE
system for evaluation of cardiovascular risk, Eur Heart J 2003) where not
automatically applied in Sweden when they first become published as it was not
until mid-2006 that the SCORE system was officially introduced in domestic
guidelines from the Swedish Medical Product Agency ("Läkemedelsverket").
Therefore, one might question if these international recommendations were fully
acknowledged by Swedish GPs at the time of the survey. This should be more
discussed and a comment provided in the text. There might even exist some GPs
with rather negative attitudes towards screening and cardiovascular risk factor
control in healthy subjects.

These issues has been commented in the manuscript

2. Major: No statistical analyses have been carried out by the authors why the
results are purely descriptive, and therefore it is hard to evaluate to what extent
there might exist over- or undertreatment, based on judgement on written case
histories. However, based on a similar design with clinical case studies, it has
previously been possible to apply statistical analyses of results - see reference:
"Backlund L, Danielsson B, Bring J, Strender LE. Factors influencing GPs'
decisions on the treatment of hypercholesterolaemic patients. Scand J Prim
Health Care. 2000 Jun;18(2):87-93". If the authors do not want to apply statistics
at all they have to provide good arguments not to do so.

This has been addressed in the text.

3. Minor: (a) In Results for Case 1 there is a sentence that was duplicated on which BP target was set. A BMI of 25 kg/m2 is not obesity (per definition) as mentioned in Results of Case 1. (b) In Risk Assessment for Case 2 there is mentioning of NIDDM, a term that is not in use any longer. The correct term is "type 2 diabetes". (c) Diabetes should also be mentioned among major cardiovascular risk factors in the Introduction (first page).

Correction of the text has been made.

4. The manuscript needs language revision as there are some mispellings and grammatical errors.

A language revision has been done.

With these corrections we hereby re-submit our manuscript, hoping it will be suitable for publication.

Yours sincerely,