Author's response to reviews

Title: Implementation of Spanish adaptation of the European guidelines on cardiovascular disease prevention in primary care

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Author's response to reviews: see over
Dear editor BMC Family Practice,

We have reviewed the comments made by the three reviewers, and the answers with specific explanations are in the following text.

Looking forward to hearing from you

Carlos Brotons MD
Barcelona, February 19, 2013

1 REVIEWER

Major compulsory Revisions
The authors have to explain what does it mean „Spanish adaptation“ i.e. they have to explain shortly what are the main differences between Spanish national guidelines and the European joint prevention guidelines for CVD prevention.

_We have included in lines 16-18 page 1 of Background a short explanation of the Spanish adaptation_

Concerning „Methods“ the authors have to explain clearly how was the randomisation performed and how many regions there are.

_No randomisation but a random sample was selected. It is mentioned in line 3 of Methods section the number of regions that participated in the study._

At the beginning of the „Results“ the authors have to spell clearly the number of the physicians who were contacted by phone, how many of them declined their participation by phone and how many did not return the questionnaire. It is not enough just to mention that the „response rate was 33.5%“

_All physicians initially selected from the database were contacted by phone, but unfortunately we do no have data of the number of physicians who declined to participate when contacted by phone and had to be replaced. From those who accepted, 33,5% returned the questionnaire._

„ Also, which was the regional distribution of non-responders? „

_No significant differences were found by regions (added in line 3-4 of results section)._”

Minor Essential Revisions
It would be better to group the physicians in more groups according to their age and no only to two groups - less than 50 years versus more than 49 years.

_We divided the population in these two groups because approximately 50% of the doctors had less than 50 years old and 50% had more that 49 years old._

_If we had considered to analyse more than two groups, lets say less than 40, between 40 and 60, and more than 60, 15% of the doctors (about 196 doctors) would have been included in the first group, 82% of the doctors (about 1062) would have been included in the second group, and less than 3% of the doctors (about 43 doctors) would have been included in the third group._
Therefore, the groups would have been clearly imbalanced. That is the reason why we decided to leave it with only two groups.

The mean age of responders was 50 years and their mean time in practice was 21.6 years which means that they are relatively old – the authors should comment this in Discussion.

We have added a comment in this regard at the end of the discussion as one of the limitations of the study.

Discretionary Revisions
In Discussion the authors should try to explain why the physicians working at an academic teaching centre were not better

We have added an explanation of that in Lines 7-11 at the beginning of discussion

as well as to comment the statement that „targets for individual risk factors are not realistic“.

We have added a comment in this regard in pag 14, lines 17-20

It is better to use the term „rural“ (as it was used in Discussion) throughout the text and not alternate it with „suburban“.

We have replaced suburban by rural throughout the text in the results section.

2 REVIEWER

This manuscript contains interesting results from a cross-sectional survey on awareness and barriers of a CVD prevention guideline (adapted to Spain) among PCP’s. The advantage of this study is that a sample size estimate was considered and taken into account; the sample was selected from a database of the Ministry of Health; consecutive random sampling with replacement of those who declined allowed to reach the expected number. All this is sound but does not exclude selection bias related to the willingness to participate. The response rate was only 33%. This is well addressed in the discussion.

My main concern relates to the validity and precision of the standardized questionnaire; is there any information on this??

We did not formally assess the validity and precision of the questionnaire. In order to improve the content and the precision of the questionnaire, we organised focus groups to generate and refine the items, and also the questionnaire was tested for comprehension and usefulness in a pilot study.

This has been added in the first lines of data collection, in Methods section.

Also we have added a comment in this regard in lines 19-22, page 15 of the Discussion section.
3 REVIEWER

As I see this is a revised version of a previously submitted paper so I can review only this version.
1. Is the question posed by the authors well defined?
   CVD prevention is an important topic in PC worldwide.
2. Are the methods appropriate and well described?
   - Method is well described, but it is not clear whether the sample of GPs who were randomized by their distribution in database could be properly replaced by other participants who were recruited by phone call. It could be compared the distribution according age, localization, gender, specialization to the same distribution among Spanish GPs.

   *All physicians initially selected from the database were contacted by phone, and those who declined to participate were replace by the next participant in the list. Unfortuantely, we did not compare the distribution of GPs in the study with the distribution of GPs in Spain*

   - The website of Ministry of Health would be a better place among the references.
     
     *OK, done.*

   - The term “Alpha error” should be explained.

     *Estimation of sample size usually is based on the alpha error (also known as Type I error) and power (also known as type II error), among other parameters. Instead of alpha error we have included a error.*

   - Were the questionnaires filled anonymously by participants? It should be explained.

     *Yes. In page 9, lines 6-8 it is stated that ‘Confidentiality was maintained by data coding to eliminate possible identification of personal information’.*

3. Are the data sound?
   - Their presentations should improve.
   - There repeated data in the text and in the tables and figures.

     *We have eliminated the following repeated data from the text: Mean age of participating PCPs was 50 years (SD 7.2) and 56% were male. Mean time in practice was 21.6 years (SD 8.2). The sample was composed primarily of family doctors (77%).

     - Numbers in Table 2. are not correct. Please count again within the column of numbers and % in the first 3 rows.

     *It has been corrected. In order to allow the calculations of the % the exact n (due to some missing data) in each row has been added.*
- In the available black and white version of the Figures, it very hard to make distinction between colors with different meaning.
- Figure 1. should be explained better.
  *A better explanation has been added in lines 21-22 page 10*
- the term “older physician” (p.10. row 20) should be explained.
  *An explanation of the term has been added in lines 1-2 page 11.*

- 4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
  It will be, after recommended corrections described above.
- 5. Are the discussion and conclusions well balanced and adequately supported by the data?
  - Yes. Otherwise it could be explained, are there differences between European and Spanish guideline and within Spanish regions?
  *We have included in lines 16-18 page 1 of Background a short explanation of the Spanish adaptation guideline. No other adaptations at region level.*

- 6. Are limitations of the work clearly stated?
  - Yes, they are.
- 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?
  - In the Result section of abstract, differences between general physicians and family doctors should be explained (i.e.doctors without specification exam).
  *OK, done*
- 9. Is the writing acceptable