Author's response to reviews

Title: Favorable Patient Acceptance of Ambulatory Blood Pressure Monitoring in a Primary Care Setting in the United States: A Cross-Sectional Survey

Authors:

Michael E Ernst (michael-ernst@uiowa.edu)
George R Bergus (george-bergus@uiowa.edu)

Version: 2 Date: 17 Sep 2003

PDF covering letter
Dear Editor,

As requested, we are able to address the comments provided by the three reviewers. A point-by-point response is as follows:

Reviewer 1 (Paolo Verdecchia)

1. Patients referred for evaluation of borderline hypertension were defined as those patients with office blood pressures that are elevated into the Stage 1 range at some visits, but also in the high-normal range (per JNC-VI classification) at other visits. These patients are untreated and have not been officially diagnosed with hypertension. We have added a footnote in the table to clarify this information.

2. We have already noted in the manuscript that the US Centers for Medicare and Medicaid Services have approved ABPM for reimbursement in patients with suspected white coat hypertension (Introduction, page 4). The implications of this approval will be that demand for ABPM services will increase, particularly in primary care settings. This is noted in the Introduction, page 5. We have also amended the last sentence at the end of the Discussion to state: “Because of its proven utility in the clinical setting, and recent CMS approval for coverage in patients with suspected white coat hypertension, demand for the ABPM testing in the future is likely to shift predominantly from specialty referral centers to primary care offices.”

Reviewer 2 (Lawrence Krakoff)

1. The reviewer suggests including the survey. We have added this file.

2. The reviewer suggests re-writing the title as a more positive statement. We have modified the title to “Favorable Patient Acceptance of Ambulatory Blood Pressure Monitoring in a Primary Care Setting in the United States: A Cross-Sectional Survey.”

3. The reviewer suggests including a statement on the need for education in the abstract. We have added the following sentence: “When ordering the
procedure, they should be sure to educate the patient about the potential benefits of undergoing the testing.”

4. The reviewer suggests including a statement in the introduction that ABPM appears well accepted by physicians. This statement and appropriate reference has been added.

5. The reviewer suggests wording to expand the discussion of reference 17 (now reference 18 in the renumbering). The recommended information on the Little et al. study has been added.

Reviewer 3 (Eoin O’Brien)

1. Some of the suggested references are now added.

2. The reviewer notes that the questionnaire is biased towards an expected answer. Unfortunately, we cannot go back and change this. However, we do not feel that this is a significant limitation to the survey, as our data demonstrates a wide range of answers indicating patients were able to understand the question and respond appropriately.

3. We are not clear what point the reviewer is suggesting. As for quality of recordings, all recordings had >80% success for attempted readings. This is considered the threshold for a reliable session.

Thank you very much for your consideration of our work for your journal. I look forward to hearing from you soon.

Respectfully,

Michael E. Ernst, Pharm.D., BCPS
Assistant Professor (Clinical)
College of Pharmacy; and
Department of Family Medicine
The University of Iowa