Reviewer's report

Title: Strategies to Reduce Clinical Inertia in Hypertensive Kidney Transplant Recipients

Version: 1 Date: 28 March 2007

Reviewer: G. V. Ramesh Prasad

Reviewer's report:

General
This is an interesting look at an underreported and insufficiently addressed common clinical problem in transplantation nephrology. The methodological and statistical limitations of this retrospective study have been adequately acknowledged in the manuscript. However, there is some strengthening that is possible prior to publication.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Please verify whether the physician and/or nurse were consistently present or absent in the room during the sphygmomanometer and/or BpTRU measurements. The extent of a white coat effect will be substantially different depending on who is in the room.
2. Has the definition of "resistant hypertension" that the authors used been employed before? If so, kindly reference.
3. Why did the authors choose 2 minutes between individual measurements? A sentence should be included to explain the rationale. This is likely appropriate, but the device can also be set at other intervals (up to 5 minutes).
4. Was there any duplication of patients between the two groups?
5. After the BpTRU device was introduced in the clinic, was every patient in the clinic measured with this device? Were there enough devices in the clinic for this purpose? If not, how many patients were selected for measurement with this device and by what method?
6. How many patients were already prescribed medications with an antihypertensive effect for non-BP lowering indications (e.g. nephrotic syndrome, congestive heart failure, coronary heart disease)?
7. Likewise, were immunosuppressive medication changes always for a BP lowering indication? Patients who are earlier post-transplant or who have high CNI levels are more likely to have immunosuppressive changes.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. Background, paragraph 2, last sentence: Change "know" to "known"
2. Include a comparison of time post-transplant at time of BP measurement and cause of ESRD between the two groups in Table 1.

Discretionary Revisions (which the author can choose to ignore)

1. Hopefully both weight and BMI were not included in the same logistic regression analysis. Please verify.
2. Do the authors have data on the number of "error" measurements with the BpTRU device not included in the average BP result?
3. Were there any differences in heart rate between the two groups?

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.