Author's response to reviews

Title: Absolute risk representation in cardiovascular disease prevention: comprehension and preferences of health care consumers and general practitioners involved in a focus group study

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Author's response to reviews: see over
Reviewer’s report

Title: Absolute risk representation in cardiovascular disease prevention: comprehension and preferences of health care consumers and general practitioners involved in a focus group study

Version: 1 Date: 27 August 2009

Reviewer: Henrik Støvring

Reviewer’s report:

Major Essential Revisions

The paper presents a study using focus groups of both consumers (general public) and GPs to elicit preferences for risk formats which may be used to inform patients about their risk of a CVD. Although the study only involves six groups, the paper builds a convincing case that there is rather broad agreement among both consumers and GPs favoring three particular information formats. The research question, methods, and results are generally well presented with a well balanced discussion of implications, strengths and limitations.

There is however one aspect of the research that I do not think is adequately addressed: According to the authors, consumers initially think that an absolute five-year risk for CVD of 16% is low, contrary to the consensus among medical professionals. Only after being educated on CVD and the meaning of the 16%, does opinion shift to get in line with medical consensus. Based on this, subjects are now asked to identify the format that best conveys that 16% is a high risk. Simplistically, one might think that in this setting any format which appears sufficiently scary would fit the bill, although it might be highly manipulative in the sense that it would lead to unreflective decisions in situations of medium or even low risk. Further, one might even conclude that what makes consumers 'get it' are actually none of the formats, but the initial education on risk and CVD. While this is probably straining the interpretation of the study findings, I think the possibility should be at least entertained in the discussion, as I think it is important for understanding how to generalize and implement the findings of the study, if not in the clinic then in future research.

Response: We agree with this comment and have addressed this issue in the Discussion, as follows:

In this context, the first key element of communication in the focus group was that 16% risk represented a high risk but this was not well understood by the consumers. Examining the implications of the findings, one question is whether different formats are therefore a secondary consideration and patient education about risk the primary issue. This argument could be taken further to reflect on whether the research sought persuasive formats rather than formats that informed people. In defence of the method, the results provide evidence that both sets of responses distinguished clear from confusing or
ambiguous formats, and respondents also noted those formats with contextual cues to facilitate good discussion and understanding of risk. These findings are important because the identified discord between perceptions of risk among health professionals and patients may be a fundamental issue before communication of risk and shared decision-making about long-term preventative treatments. This is an area where further research is needed.

Given the possibility of including additional files in the BMC journals, the authors should provide a complete list of the formats presented to participants, as well as the actual interview guides used.

Response: Thank you for this suggestion. We have submitted these as Additional files. Additional file 1 contains the background information that was given to the consumers and to GPs. Additional file 2 contains all the formats. We still include the top four formats in the manuscript (Figures 1-4), because they are the important ones for ready access.

The abstract has more than 600 words, which is far more than normally allowed in a BMC Public Health paper (350 words is the standard maximum limit). Further, its opening paragraph consists of seemingly unrelated statements claiming first that a person's understanding is important in prevention of CVD, then next stating that several methods exist for estimating risk, and then thirdly that "One explicit method for CVD involves using a risk assessment tool..." I must confess that I am not capable of connecting the dots here. Further, I think the link between patient's understanding and prevention of CVD may not be as clear as the authors seem to indicate - a better informed individual may well decline treatment for other reasons, although a public health perspective would indicate benefit of prevention for a group of similar individuals.

Response: Thank you for this advice. We have (a) reduced the Abstract to less than 350 words, and (b) have altered the Abstract Background. We agree that it was not clear. We have now said that risk communication is important but not implied that understanding and behaviour changes are necessarily linked. We have carried these changes through to the paper.

Minor Essential Revisions
The notation of [GP] and [C] to indicate in which group a statement arose should be explicitly defined. Done

Level of interest: An article of importance in its field
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.

Reviewer's report
Title: Absolute risk representation in cardiovascular disease prevention: comprehension and preferences of health care consumers and general practitioners involved in a focus group study
Version: 1 Date: 31 August 2009
Reviewer: Andrew Herxheimer
Reviewer's report:
This is a valuable and important paper.
1. Nothing needs major compulsory revision
2. Minor essential revisions are a matter of opinion. If I were the editor I would insist on making the language simpler, more direct, pleasanter to read! But I am not the editor and leave it to you and of course the authors.

Response: Thank you for these comments. We have done what the referee has asked (with a couple of exceptions where it was not possible) and a few more where the sentences seemed long-winded.

3. Here follow some suggestions for awkward bits - which would have been much easier to handle had you sent the text as a .doc file instead of .pdf, because I don't know how to make track changes in a pdf, and don't want to print this enormously long profligately spaced paper. Spaced out, one might say.

3. p 10: "Each group lasted approximately 90 minutes, was held in locations convenient to the..." Better 'met for about 90 minutes in a place ...'
Done.
"For all groups, participants were then asked about..." better 'In all groups', delete "then".
Done.
p11: "Errors of fact were revised or important omissions ..." Should be AND not or.
Done.

p13: too 'dignified' - use GIVING, not 'providing'; HELD, not 'conducted'
Done.
"Consumers ... were recruited, ALL FROM English speaking backgrounds."
Done.
"None of the consumers reported that they had previously used a risk calculator..." MAKE IT CLEAR THAT THEY WERE ASKED ( or say 'volunteered')?
Done – made it clear they were asked.

Fig 2: Should legend be 'ARE a non-smoker'? If WERE, when would that have been?
We could not make this change because the formats used the word ‘were’ and this was how they were presented. However, there did not seem to be any confusion to the implied meaning.

p22: lines 1-2 not clear - rephrase In para 2, 2nd sentence, remove double negative; my stupidity, but I get muddled by 'natural frequencies' please explain or paraphrase
Done – put sentences in direct language and made them shorter. Added e.g. ‘1 in 5 people’.... to explain natural frequency where it first appears.

p23: the discussion of 5- and 10-year risk feels superficial & unsatisfying. The essential point is 'if you do x, and keep it up, the risk will fall & remain at the lower level [for your remaining years]
We agree with the referee that the Discussion could be better on this issue. We have added a citation to Australia’s National Vascular Disease Prevention Alliance Consensus statement (which recommends 5 years), so that it is clearer that we were also influenced by broader decision making about risk assessment over the shorter time period. We feel that it would need a much longer discussion to do justice to this question, so hope that this provides a better context for our points. We have added the suggestion that this is an area for further research, given the variation in the information provided to patients (and to research participants).

p24: "Use of qualitative techniques provided an appropriate method for eliciting the ... Please minimise your use of abstract nouns ending in -ion: use verbs instead.
Done.

p26: conclusion 3rd sent - UGH to 'innovative': say 'this study is the first to collect the views of both consumers and GPs on the same set of formats ...'
Done.

References: For refs to the BMJ it is otiose to specify '(Clin Research ed' The GP ed has identical editorial content
We agree, but this is the format that our version of Endnote uses and we have tried without success to remove it – perhaps this will be removed at the publication phase (subject to approval).

Level of interest: An exceptional article
THANK YOU!

Quality of written English: Needs some language corrections before being Published.
We have tried to improve the language.

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, but know and like several of the Authors. Thank you.