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

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Reviewer: Henrik Støvring

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.

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.

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.

Minor Essential Revisions

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

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.