Author's response to reviews

Title: Public Knowledge of Cardiovascular Disease and its Risk Factors in Kuwait: a cross-sectional survey

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Reviewer: Dr. Khali Al-Rasadi

Minor Essential Revisions

1. In the background section, paragraph 2, you don't need to place brackets for the % of risk factors for the followings diabetes (23.3%), dyslipidaemia (70.3%), obesity (48.2%), and smoking (17.8%).

The brackets were removed as being suggested (page 4, lines 82-83).

2. The question 15 regarding eating healthy diet, the answer of daily or not daily may under or overestimate the condition. May be an additional answer like others (include once, twice, three times a week, etc) will be helpful.

We agree that answers like (once, twice, three times a week, etc) OR (always, often, rarely, never) would provide better estimation of eating healthy diet. This will be considered in future studies.

3. In the method section, paragraph 6, the author mentioned that in the multiple logistic regression analysis univariate variables with P value of #0.25 was used. What is the reason for choosing the P <0.25 instead of P <0.05.

A common practice is to include in multivariate analysis only those variables that are statistically significant in univariate analysis. Such a habit is risky as some variables not significant in univariate analysis may become significant in multivariate analysis. Hence, the traditional levels such as 0.05 can fail in identifying variables known to be important. Any variable having a significant univariate test at some arbitrary level is selected as a candidate for the multivariate analysis. This is based on the Wald test from logistic regression and p-value cut-off point of 0.25. [Bendel RB, Afifi AA: Comparison of stopping rules in forward regression. Journal of the American Statistical Association 1977, 72:46-53.] & [Mickey J, Greenland S: A study of the impact of confounder selection criteria on effect estimation. American Journal of Epidemiology 1989, 129:125-137.]. p# 0.25 was also used in previous similar studies [Jafary FH, Aslam F, Mahmoud H, Waheed A, Shakir M, Afzal A, Qayyum MA, Akram J, Khan

4. The % of participants in this study with high education was high 93% compared to low-intermediate education 7%. Do you think the sample had affected the univariate and the multivariate analysis of CVDs knowledge.

It may be possible that the better CVD knowledge among the highly educated respondents is due to their larger sample size (93%) compared to the low educated (7%). However, we feel that the results may not differ if the samples of those with high and low education are close. This is due to the consistence of our finding with the evidence from the literature that the level of education is a strong predictor of CVD disease knowledge i.e., individuals attained higher education had better CVD knowledge scores (References 12, 14, 16. 20 in the manuscript).

5. This study highlighted the additional role of the community pharmacist in the improving the knowledge of CVDs prevention for the public. The comments here are the community pharmacies in Kuwait are adequately prepared with the resources (Knowledgeable pharmacists, educational materials, measurement devices, etc) to undertake this mission.

They are not adequately prepared to undertake this mission. It is indicated on page 21, lines 465-467 that the majority of community pharmacists in Kuwait are involved in counselling patients on health behaviours related to use of prescribed medications, but are less involved in counselling on personal health behaviours. Also on page 21, lines 481-482, it is indicated that community pharmacies need to develop effective and accessible services, and to be promoted to the public. The following was added on page 22, lines 483-489: “A joint sustained collaboration between the Ministry of Health, the Pharmaceutical and Medical Associations and Kuwait University is essential to design and implement effective professional service training programs towards sharpening pharmacists’ knowledge and practical clinical skills to provide consistent and evidence based cardiovascular health promotion services. The strong cooperation between the professional associations, faculty of pharmacy, continuing education centers, and practicing pharmacists contributed effectively in the development of community pharmacy services [36].”

6. In addition the important role of the primary care physician to improve the knowledge gap should be addressed and studied as an important complementary role to other health sectors including community pharmacists.

The last paragraph in the discussion included the recommended information (pages 22-23, lines 502-507).

7. for the references 7 and 13, the total names of authors should be included (if less then 30 authors before adding et al)
References 7 and 12 were modified as being recommended page 25 (lines 569-574), and pages 26-27, lines 590-598).

Reviewer: Dr. Lloyd Matowe

1. The background on the prevalence of CVDs which is presented in two non-adjacent paragraphs can be merged together.

The two paragraphs were merged together (pages 4, lines 71-83). The background was revised as being recommended.

2. Can the authors explain the statement that the sample was selected from among relatives and friends of researchers. This statement appears to contradict the assertion that the sample was selected randomly. Also, how could a questionnaire be completed anonymous and yet it was handed over to the researcher, who according to the researchers, was a family member or a friend?

We agree that the way the statement is written contradicts with the assumption that the sample was selected randomly. Actually what happened was as follows: forty questionnaires were given by the researchers (authors) to their friends, families and relatives to be distributed to their Kuwaiti colleagues and associates at their work sites within each governorate. Hence to avoid confusion, the statement was deleted (page 6, line 130). It is included in the acknowledgements (page 24, line 546).

3. There is also need to discuss implications of their findings, including any need for necessary interventions.

Implications of this study findings including the need for interventions were included in the discussion (page 15, lines 332-335 and 343-344; page 16, lines 345-346; page 17, lines 377-386; page 18, lines 398-400 and 405-407; page 20, lines 454-456; and pages 21-23, lines 479-507).

4. Quality of written English: Needs some language corrections before being published.

The quality of written English was revised.