Reviewer's report

Title: A community programme to reduce salt intake and blood pressure in Ghana (ISRCTN 88789643)

Version: 2 Date: 15 November 2005

Reviewer: Laura P Svetkey

Reviewer's report:

General
Most suggestions and concerns have been adequately addressed.

The response to major comment #7 is not adequate. The authors are reporting on a nutritional intervention for preventing hypertension and its consequences. While I understand the intervention was only a sodium reduction intervention, focusing exclusively on sodium intake in the results and discussion ignores some important knowledge about diet and blood pressure. The authors point out in their cover letter that overweight and sedentary lifestyle are not relevant to this population. But it is certainly possible that dietary pattern is relevant, and feeding studies suggest that the effect on BP of the DASH dietary pattern is at least as strong as that of sodium. In addition, animal and epidemiologic data suggest that potassium intake has a strong independent impact on stroke risk. The authors do report baseline and 3-month potassium excretion (there is understandably no data on other major nutritional aspects of the DASH dietary pattern such as dairy, fat and sat fat intake), but there is no text at all referring to 1) whatever may be known about relevant dietary pattern (fruit/vegetable/dairy/fat intake) in rural and semi-urban Ghana; 2) the effect (lack of effect) of the intervention on dietary pattern or at least potassium intake which is all that was measured; and 3) the possibility that this approach could/could not be applied to changing other aspects of diet that might be relevant for BP control and stroke prevention in this setting.

Although I realize that sodium alone was the focus of this study, I consider it a mistake to restrict our focus in that way and therefore I consider it an important oversight not to mention other dietary factors. However, it's easily corrected with a sentence or two in the discussion. I'll leave it to the BMC editors to decide whether acceptance of this paper is contingent on this edit. I won't go to the mat on this, but want the authors to further consider my point of view before finalizing the paper.

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

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

Discretionary Revisions (which the author can choose to ignore)

In Methods-Followup, the authors refer to "response rates". I believe they are referring to the proportion of study participants who provided blood and urine samples. However, "response rate" is usually used to denote response to therapy. Authors should consider changing terminology to "follow-up rate".

In Perspectives, the authors continue to refer to normotensive individuals. This terminology can be
confusing with current BP classification (JNC-7) - it would be clearer to refer to non-hypertensives.

The "Intent-to-[tr]eat" terminology is cute, but will be lost on many readers (as it was on me) without some explanation.

What next?: Accept after discretionary revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.