Reviewer's report

Title: Design of a RCT evaluating the (cost-)effectiveness of a lifestyle intervention for male construction workers at risk for cardiovascular disease: The Health under Construction study

Version: 1 Date: 7 October 2007

Reviewer: Gregory Lip

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The background is a little brief, where more could be made on lifestyle – esp diet – influences on CV risk esp hypertension [epidemiology and salt, DASH diet etc].
The stated hypothesis ‘…. that, as a result of the intervention, lifestyle will be improved and biomedical CVD risk factors will be lowered……’ seems to vague and unfocussed for a RCT.
Rather than the Framingham score, why not use the European SCORES score?
What is the ethic mix of the cohort? CVD risk scores are not wholly applicable to all ethnic groups and a recent review, such as J Hum Hypertens. 2007 Mar;21(3):183-211 should be cited to highlight this point.
The text needs to make clearer the primary and secondary endpoints. The primary endpoint is used to power the study. Multiple primary endpoints should be discouraged. Effect sizes and 95%CIs should be provided.
The section on cost effectiveness seems rather vague.
What about a qualitative component to the study?
How about modelling, to aid generalization to the wider (male) population?
Some references are a mess and need to be checked carefully.

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: Yes, and I have assessed the statistics in my report.

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