Reviewer’s report

Title: Postponement of adverse outcomes is a sensitive measure of risk reduction for chronic disease prevention - a randomized study of risk communication among lay people

Version: 1 Date: 13 October 2006

Reviewer: Malcolm Man-Son-Hing

Reviewer’s report:

General
This study attempted to determine whether members of the general public, when presented with hypothetical information about a therapy to prevent heart attacks, are able to discriminate between levels of effectiveness when the efficacy of the therapy is varied in terms of postponement of an adverse event.

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

1. Page 6 Methods. The authors need to describe how their random sample was obtained. What was their sample frame?
2. Page 6 Methods. A description of how persons were determined to be ill or demented should be provided.
3. Page 6 Methods. Justification for excluding hearing impaired persons should be provided.
4. Page 6 Methods. For this type of study, the sample size is extremely large. Was this study a substudy of a larger study? If so, this needs to be disclosed and a brief description of the larger study described.
5. Pages 6 and 7. Did the authors provide a description of the a “heart attack” and its possible consequences? This is important as there are many misconceptions about heart attacks in the general public. These misconceptions will definitely influence participant responses.
6. Page 9 Results. Statistical tests (p values and 95% confidence intervals) should be reported in the text rather than asking readers to refer to the Tables.
7. Page 11 Discussion. The authors should comment of the fact that 39% of participants were willing to take the medication for the rest of their life while paying for it, yet it would only delay the heart attack by one month. It is likely that a formal cost effectiveness analysis of this level of efficacy would not be favorable for taking the drug. There is a literature on persons who are willing to take medications even if they derive no benefit from it as “doing something” is better than “doing nothing.”
8. Page 11 Discussion. A stronger methodological design for the study would have been for the authors to determine the threshold (in terms of months postponement of a heart attack) at which participants would take the medication. Perhaps the authors could list this as a limitation of their study.
9. Table 3. Household income is not listed in this table.

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

1. Page 4. The references are out of order.
2. Page 11 line 10. A period is missing.
3. Table 1. The columns do not line up.

Discretionary Revisions (which the author can choose to ignore)

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: No

Declaration of competing interests:

I declare that I have no competing interests.