Author's response to reviews

Title: The management of severe hypertension in Australian general practice

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Author's response to reviews: see over
Dear editor,

Thank you for the opportunity to revise our paper entitled ‘The management of severe hypertension in Australian general practice’. We have carefully addressed the reviewers’ comments. In what follows please find our point-by-point response to their comments.

Following your instructions, we have also relocated our ethics statement to the ‘Methods’ section and change the title of the ‘Acknowledgments, Funding and Ethics’ section to simply ‘Acknowledgements’.

Kind Regards,

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Title: The management of severe hypertension in Australian general practice  
Version: 2 Date: 23 June 2013  
Reviewer: Edward Janus  

Reviewer's report:  
The issues previously noted have been largely resolved but there still some more to do  

Major compulsory revisions  
• Table 3 and the related results text are hard for doctors to read if they are the target audience. Table 3 is not in the style generally used in medical articles. The authors could have an academic GP read the paper and suggest how to improve this aspect.  
   We are aware that Table 3 contains a significant amount of information since it combines univariate statistics with results from multivariate regression models. We have now both simplified the table and extended the legend to explain more clearly what the columns of this table represent. We use the terminology ‘effect’ and ‘point estimate’ commonly found in such tables in this journal.  

Minor essential revisions  
• In abstract include % who have sustained SHT-its in the results section  
   Done  
• Number of visits per patient said to be 11 in authors response but not clear from table 1  
   We have reformatted table 1 and hope that now this number is more visible  
• Renal impairment especially in the elderly is a major barrier in using AT1 and ACE drugs which worsen renal failure- suggest this be added to the implications - paragraph 2  
   Done  


• In methods should read 68% of THESE practices - otherwise its ambiguous.
  
  Done

Discretionary revisions
• In results text section its better to relate this more clearly to both Figure 1 and the total cohort otherwise for example 8% plus the remaining 86 % seems odd
  
  We have modified this paragraph structure to make it more obvious that 86%+8% comprise the 94% who were followed-up.
Reviewer's report:
This manuscript is much improved following the revisions. The following are minor revisions for the paper.

Minor Essential Revisions
1) Page 4
   • Paragraph 2, line 2: Please define abbreviation ‘US’.
     Done
   • Paragraph 2, line 7: “At the other end of the adult age band, authors of a large Australian…”
     Done
   • Paragraph 3, line 2: Guidelines stress the need for prompt follow-up...to achieve BP control (BP<140/90 mmHg) is emphasized in guidelines”.
     Done
   • Paragraph 3, line 4 “…studies of SHT management [20-22] have provided evidence that…”
     Done

2) Page 5
   • Paragraph 1, line 2: Please define abbreviation ‘GP’ on first use in main text.
     Done
   • Paragraph 1, line 3: “addition of, or changes to, antihypertensive” [add the commas as suggested because this was hard to read in its original form and is a statement made throughout the paper in several parts so please fix all in the same way]
     Done
   • Paragraph 3, line 4: The 45 patients who died in the follow-up year were excluded since they represent a <1% of the sample and may have complications or complex co-morbidity other than hypertension [you provide your rational in your response to me, but this is important information for readers so should be added, thanks].
     Done

3) Page 6
   • Paragraph 1, line 2: (1%, 1%, and 5%) [add this within text to simplify, see below point]
     Done
   • Paragraph 1, line 3: “…had missing age (1%), year of graduation (1%) and country of graduation (5%) and 1% of clinics…”
     Done
   • Paragraph 2, line 2: “...(b) Additions of, or changes to, anti-hypertensive drug treatment [add commas as suggested]…”
     Done
   • Paragraph 3, line 5: Practices with less than 20 SHT patients, as well as patients for [add comma as suggested]....
     Done
4) Page 10
• Paragraph 1, line 2: ..follow-up visits, initiation of, or changes to, antihypertensive drug treatments, and BP control [add commas as suggested].
  Done
• Paragraph 1, line 3: This is the first analysis that explores the variance in the response of GPs to measures of SHT. [How does your study differ from that presented in ref 22?]
  Study in ref 22 does not explore variance across GP practices or its potential relationship with practices’ characteristics. It briefly compares differences in management of patients by different subspecialty clinics.
  Done
• Paragraph 2, line 7: …of patients did not receive an initiation of, or change to, anti-hypertensive drug treatment, [add commas as suggested]….
  Done

5) Page 11
• Paragraph 1, line 6: ”...comorbidities, as well as other patient outcomes” [add comma as suggested]
  Done
• Paragraph 1, line 9: “…which was not available to for this study.”
  Done
• Paragraph 3: In this study more patients achieved normotension if on new or extra medicines provided at a follow-up visit. I am not sure that this point came out strongly enough in the policy implications section, but is very relevant to showing that where more intensive treatment is provided a good outcome is achieved.
  Thank you for your suggestion, we have now modified our conclusions on this topic as follows “Nevertheless, this study suggests that severely hypertensive patients are not being managed aggressively enough, that more intensive treatments lead to better outcomes, and that it is possible for some practices to do better”

6) Page 12
• Paragraph 3 (under conclusions), line 3: ..and initiation of, or changes to, antihypertensive drug treatment [add commas as suggested]….  
  Done

7) Page 14
• Table 1: [Table formats could be improved…the layout is not great, also all abbreviations should be defined or avoided in Tables]
  We have changed the table format and removed abbreviations

8) Page 19
• References are presented in a different Font style to the main text, please amend
  Done

9) Page 21
• Figure 1: Please define abbreviation ‘SHT’.
  Done