Reviewer's report

Title: A randomised controlled feasibility trial of lifestyle referral assessment in an acute cardiology setting: Study Protocol

Version: 2 Date: 25 April 2013

Reviewer: Tiny Jaarsma

Reviewer's report:

This is an interesting an in general well written manuscript describing a feasibility study of an upcoming lifestyle referral assessment in an acute cardiology setting. The study described is a randomized trial with the major aim of a ‘proof of concept’ of the intervention and at the same time to assess the feasibly to perform a larger trial. The trial planned is of much importance for future practice in improving healthy life style.

The description of the ongoing study is well written, however it is sometimes a little difficult to see the study protocol of ‘this’ study clearly in it. How will the aims of the feasibility study be evaluated? I have some suggestions to make it easier for the reader to follow. My suggestions are mainly concerning the flow of the manuscript- There is a lot of information that take the attention of the reader from the trial and other information might be missing and needed to understand the reason of the intervention or the target group

Abstract:

• I suggest being more clear on the three groups. If I understand these are intervention groups and not research group. As readers I was confused and thought it was a 3 group randomized control trial.
• I suggest to take the info on the LYB-CLAHR out of the abstract, it confuses the reader
• Discussion: what do the authors mean by ‘to which this would lead’?
• This sentence is not clear to an international reader: The new assessment template has been deliberately designed to be quick and easy to use in practice and could, for example, be added to the NHS health check template in primary care or form part of a nursing discharge assessment in an acute setting. International readers are not familiar with the NHS and not with ‘the new assessment template’

Introduction:

• I suggest to make it more internationally focused an please it in a broader context then only UK
• What are ‘NHS Health Checks’
• The introduction might benefit by addressing the background of the three components as described: ‘including identification of barriers to change,
signposting and referral to services, and feedback on outcome.’

- Also include information from the method section (e.g. about the incentives) could be included in the introduction and ‘clean up’ the method
- It might also be add some background ideas on a target group, because the inclusion criterion is ‘40 and 74 years of age at the time of screening for eligibility’

Method
The method section described the intervention and control group, the sub study. In that the heading is a little confusing, because it is actually describing the intervention and not the method. The section could be improved by taking out information that is more suitable for the background and only add the most important content that is needed to understand the trial. Some information could be moved to the conditions section

- I was just wondering why the authors call it a feasibility trial instead of a pilot.
- Will the definite trial have the exact same design?
- For the sake of readability I suggest to introduce the terms ‘control’ and ‘intervention group’
- I suggest to add the sub study after the description of the ‘main study’ with a separate subheading
- I suggest taking out or minimizing the part of the ARIAS and ADAPTA trial, it is confusing to read about another trial in design study on a feasibility trial for a bigger trial ……

Aims:
It might be helpful to know how the authors will establish feasibility, in other words, when will the authors decide that the trial is feasible or not, or there cut points set?
What is meant by ‘To assess the practicalities’ how will this be measured?

Inclusion criteria: are there any ICD codes used for the inclusion criteria ‘admitted to hospital with a diagnosis of acute coronary event, myocardial infarction or symptoms of a cardiac nature?’ How are the symptoms of cardiac nature diagnosed? How are these reflected in the statistics of table 1?

Suggest to not use the abbreviate ACE or PIS or CLAHRC or MECC. These seem very local and might feel strange for an international audience.

How are the data in the Qualitative Sub-study analyzed?

Discussion
The authors write that ‘If the results of this preliminary work are positive’. It is not exactly clear from the manuscript, how this is determined, what is ‘positive enough’ to continue?