Reviewer’s report

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

Version: 2 Date: 1 May 2013

Reviewer: inger ekman

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Major compulsory revisions
I lack a theoretical frame that the design of the study is based on. The financial incentive suggested in a sub-study indicates an old fashioned view on patients that they are to be rewarded if they do as they are told. Modern health pedagogics reinforce, through dialog and mutual agreement, patients’ own ideas of how lifestyle changes can be made. It is commendable that consultations with a PPI group have been made but recent research within the area must also be included.

I also would like to see more in detail how the intervention is supposed to be performed. It is important that the intervention group really will get a tailored and individually adapted program, what exactly does it consist of? And what exactly makes if clearly different from the control groups? Patients will be recruited and randomized to one of three groups: (a) referral to formal lifestyle change programme; (b) self-management or (c) defer and re-assess.

Describe more in detail how the randomization to one of these groups will be performed and the content of each group. What is included in the arm “defer and re-assess” for example?

Inclusion- and exclusion criteria seem all relevant although it would have been beneficial if also immigrants could be included by using for example interpreters or instruments translated into some of the most common languages in this group.

The power calculation seems a little optimistic, but this pilot will help assessing the feasibility of it.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

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