Author's response to reviews

Title: European Practice Assessment of Cardiovascular risk management (EPA Cardio): Protocol of an international observational study in primary care

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REVISIONS

Reviewer: Ton Drenthen

1. **Background, refer to European guidelines on CVD:** A reference (number 2) has been included.

2. **Box 1 (page 1). Why diabetes not included as cardiovascular risk factor:** This has been added, although some experts would argue that diabetes is already a cardiovascular disease itself.

3. **Hypothesis that quality of CVRM shows variation is not new:** We agree and take this as comment, but have not changed the protocol.

4. **Measures (page 8): questionnaires will be very long, might influence reliability of data:** We have now included in the data-analysis section that we will attempt to identify signs of responder fatigue, e.g. series of questions that received the same score.

5. **Choice for 18 – 45 years, hardly any preventive activities, why not 30 – 50 years:** Considering smoking, physical exercise and diet in the age group 18- 45 years, there is probably sufficient potential for improvement in this age group. We have added the following sentence to our description of this sample: The underlying argument for focusing on this age group is that we assume that health behaviors at younger age tend to be continued at later age.

Reviewer: Nicholas Steel

- **Typos on page 5: Corrected**

1. **Page 4: what were grounds for selecting these 10 countries, how representative are they:** We have added some explanation in the text, under Study population, countries. It is fair to say that we have a convenience sample covering most European regions, except Eastern Europe.

2. **Page 5 practice sample: 36 practices or physicians:** This is indeed practices, which we have adapted in the text.

3. **Page 5. how do you distinguish between a practice and health centre:** Terminology is not used consistently across countries in this area. Health centres would include more than a group general practice in some countries, e.g. psychologists and physiotherapists. In the text we have added ‘multidisciplinary’ to healthcentre.

4. **Page 6. How was assessed the extent to which the chose geographical areas were nationally representative:** We have included in the text that we will describe the representativeness of the regions for the country in terms of population health and health system.
5. **Page 6: How were the patients in the three groups identified from practice lists; what is the risk for sample bias; what attempts were made to ensure that the case mix of patients was comparable at different sites:**

The procedures for sampling of CVD patients and high risk patients were tested in pilot study and discussed internationally, in order to standardize procedures (this has been added to the section on sampling procedures). The procedure for sampling adults aged 18-45 years was not pre-tested, but we expect lower risk for selection bias. In addition, we have included in the data analysis section that we will attempt to identify selection bias by studying the case mix in different practices.

6. **Why was the third sample restricted to age 18-45 years, rather than all adults?** The reason is that cardiovascular risk in this age group may be low, but health life style can be improved in a subgroup of these younger adults. Our study explores new approaches through general practice for this group, which could be complementary to public health activities targeted at all adults (the whole population). See point 5 of the other reviewer for how we changed the text.

7. **Page 7. Indicators were identified by GPs from 9 countries; were these involved in the project? Were there big differences between the rating scores given by GPs from different countries? Might these difference affect the results of the study:**

We have added that the countries involved in the indicator selection were included again in the observational study, except for Spain which was added later. And that only indicators that scored high on necessity and feasibility in each of the country panels were included. We are a little reluctant to add much more detail on this, because this is well described in a published paper. In the section on data-analysis, we have added that we will explore how the results were related to the assessment of the indicators in the specific country.