Reviewer's report

Title: Effectiveness of combination therapy with nifedipine GITS: a prospective, 12-week observational study (AdADOSE)

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Reviewer: Johannes A Kragten

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Comments on article:

Effectiveness of combination therapy with Nifedipine GITS: a prospective, 12 week observational study (AdADOSE)

Dear sirs,

On your request I read the upmentioned article. Next I shall give you some comments and advises, as to, probably improve the quality of this article.

In general: It is an interesting question, how anti-hypertensives act in a clinical population, that is a mix of races and a mix of pathophysiological backgrounds. Exactly this happens in the group of patients that was included in this study.

As a clinician, every day I decide to start therapy in a multi morbide and – nowadays a multicultural population of patients and it would be a great help, when I could have some predictive value of my intention, a so called prediction on the clinical return on my farmaceutical investment. To say it in a different way: is the farmaceutical approach in this particular patient really paying of in clinical perspective.

This study was done in a big group of patients. However, the follow-up was only a short time (12 weeks). The only effect, we can look for is a drop in blood pressure. It is not possible, to pronounce anything on life events or safety, as the observational period is to short. However, this is done in the past, e.g. in the Action study, where people were treated for a longer period. I would advise you to stick to the immediate effect on bloodpressure. For safety and effectiveness of Nifedipine GITS you can easily refer to earlier studies.

In the study, the effect on treatment is measured in a different way among the population: a single measurement versus a mean of three measurements. This is strange and might be conflicting. What would happen, if in the group in Egypt, where three measurements were taken, only the first measurement is taken into account?

As Blood pressure is the main goal in this study, it is important to have a strict definition on that. How is this taken: sitting, after three minutes of rest, done by a doctor by hand, by a machine? It would be helpful, to give some details on this point and add this to the manuscript.
In the part on tolerability it would be great, to give information on the way side effects were obtained: Only if the patient mentioned this to his doctor? Was it specifically asked for by the doctor at every visit? This is important, as the number of side effects might differ, depending how these data are established.

The main part of this manuscript deals with the results and these are written extensively. I do believe, these data are correct, but as a reader, I just miss the clinical perspective of all these data.

My questions are:
- Is there a difference in tolerability depending on the race/background of the patient, or react all patients in a more or less similar way?
- Is there a difference in the effect, looking at the co-morbidity/co-medication of a patient? This is important in my decision wheather or not I should start therapy or accept side effects. If the additive effect of medication is little, side-effects should be a reason for termination sooner. Of course, this would not be the case, if the effect is of great clinical importance.
- Is it possible, to give a prediction on the effect in bloodpressure fall, that might be expected in the individual patient, depending on race, co-morbidity and co-medication. These data are mentioned in the article, but it would certainly help to sum these up.

My advise would be, to end the manuscript with some clinical advises, in which the points I made are explained. I am sure, most readers would be satisfied with that and those that need more prove have the middle part of the article to get this.

I hope, these remarks are helpfull in preparing the manuscript for publication.