Author’s response to reviews

Title: Long-term effects on cardiovascular risk of a structured multidisciplinary lifestyle program in clinical practice

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Author’s response to reviews:

To the Editor

Thank you for your reply regarding our manuscript entitled “Long-term effects on cardiovascular risk of a structured multidisciplinary lifestyle program in clinical practice”

We noted with delight that you find our manuscript of potential interest. We are very grateful for the many relevant and constructive comments provided by all the reviewers, and we have carefully considered these and revised our manuscript accordingly. On the following pages, we have addressed each of the comments from the reviewers point by point, and described how we have implemented them into the revised manuscript.

We believe that the revisions have improved our manuscript and hope these replies and the revision of the manuscript meet your approval, and makes the manuscript suitable for publication in BMC Cardiovascular Disorder.

We would be happy to supply any additional information you require.
Sincerely yours

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Point by point reply

Answer to Reviewer 1

1. The background is too long and needs editing. For example, CVD definition could be removed as it is well known.

I do not think you need to write that much on the background literature in the introduction. Readers and (reviewers) tend to easily be distracted with many information presented in the background section.

Authors: Thank you for this being noted. We agree and the background has now been shortened.

2. It is hard to distinguish current study as if it is a research or quality improvement project. In order to be a research, authors have to consider adding a research question, hypothesis, and then test the hypothesis.

Authors: We do think that new preventive strategies in clinical practice needs to be scientifically evaluated. However, a controlled randomized design is not always suitable in everyday clinical practice and our study is descriptive in its nature. We noted from other publications in BMC Cardiovascular Disorders that some authors present a hypothesis and others present an aim. In our case we think the latter is the best. However, we are of course open for a discussion.
3. The study has a major limitation, i.e. lack of control arm. It is really difficult to make any meaningful conclusion about the program and the result in the absence of control arm. This limitation has to be clearly mentioned and discussed. Moreover, individuals who participated in the program conceivably are the most motivated people and generalizability is another limitation.

Authors: Thank you for an important and relevant comment. We agree that the fact that our study is not a randomized controlled study, neither a controlled study, is a weakness. The aim of this study were to describe and evaluate a new structured program for lifestyle intervention in clinical practice. However, despite the descriptive nature, we still believe that our results from a long-term follow-up of an intervention program launched within clinical practice have relevance and add to the current knowledge of cardiovascular prevention.

We have now added a discussion regarding this in the limitation part of the discussion section (page 15-16, line 330-335).

4. Cost in term of money and patient time need to be addressed in the discussion section.

Authors: Thank you for a relevant comment. We agree that a health economic evaluation of the program is an essential next step and we are planning for such an evaluation in a separate study. However, the aim of the present paper was to evaluate the effects of program participation on cardiovascular risk. We have now commented on this in the discussion section (page 16, line 342-345).

5. The fact is that the study lack control arm needs to be addressed in the conclusion section as well.

Authors: Thank you for pointing at this. We have now added a comment on this in the discussion (page 15-16, line 330-335). However, we do not think it will benefit the manuscript to comment upon this fact in the conclusion. Of course, we are open for a discussion regarding this.
Minor issues;

Please edit these 2 statements.

1. The words 'did not' has been repeated in this statement "The numbers of smokers was low and the 200 majority did not report did not report getting easily stressed".

2. This statement does not look right "This study is not a RCT and the fact that regressions towards the mean could affect the results has been to be taken into account.

Authors: Thank you for pointing out these issues. We have now revised them accordingly.

Answer to Reviewer 2

1. Maybe a cost-effectiveness analysis of such structured program could be interesting, in order to optimize resources and outcomes.

Authors: Thank you for a relevant comment. We agree that a health economic evaluation of the program is an essential next step. However, the aim of the present paper was to evaluate the effects of program participation on cardiovascular risk. Though, we have now commented on this in the discussion section (page 16, line 342-345)

In addition, I'm very astonished by the fact that among 100 pts, none of them needed to change type and/or dosage of medical therapy during the study period.

Authors: Thank you for a relevant remark. Many of these patients are individuals with high risk of CVD, but without medication. According to self-reports, the participants with medications had
the same kind of medical therapy and the same dosages through the whole study. We had access to medical records at the hospital.

Answer to Reviewer 3

1. The "Introduction" section is too long. There is no such thing as unnecessary literature knowledge.

Authors: Thank you for pointing this out. We have now shortened the background section.

2. The 1 year results of the individuals taken into the study are given as "Long term results". However, it would have been better if the results were 5 years or even 10 years.

Authors: We agree that an even further long-term follow-up (5 or 10 years) would be highly interesting. Unfortunately, no such assessments have been carried out yet.

The 'Reference' section of the article should be written in the 'Word' format and should be rearranged according to the journal's writing rules.

Authors: Thank you for pointing this out. We have now revised the reference section accordingly.