Reviewer’s report

Title: Transient Ischaemic Attack: A qualitative study of the long term consequences for patients

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Reviewer: Ann Dorrit ADG Guassora

Reviewer’s report:

I think that the study provides us with good examples of problems that should be addressed in follow-up of TIA.

Major compulsory revisions

1) It is mentioned that the theoretical sampling aimed at people working and carers for children. Is this study specifically addressing the trouble of these groups? If yes it should be specified in several places. This would add to the relevance of the paper. Or was the theoretical sampling done to develop properties of specific categories?

2) How does the narrative approach combine with the grounded theory approach? Do they share common ground? A brief discussion of these questions should be added.

3) Researcher reflexivity: A discussion of what the frame of the study means for the interpretation of the results is missing. It says that it is part of a larger study exploring secondary prevention of stroke. This is a more narrow scope than “patients’ long term lived experience following a TIA”. If the interviews concerned advice and changes, the preventive perspective has been more important than suggested.

4) The information given about the population relies to a large extent on knowledge of the specific health care system. If you do not know the system, your ability to draw information about the patients from the information about the organizations is limited. This is not transparent.

5) The number of participants is consistently said to be 39 except from in the section on selection and recruitment where it says that they were 23 and 13. This adds to 36 only.

Minor essential revisions

6) The paragraph “Where patients view their TIA as transient..., ...regain their sense of wellbeing following the TIA.” page 13, is difficult to follow.

Discretionary revisions

7) I wonder if information is all these patients need. Emotional support seems at least as relevant.
8) Why is the term self-management chosen and not self-care? They seem to be used in slightly different ways with self-management being the term that fits cases with some kind of recommendation or program and self-care including to a larger extent what people do on their own initiative.

9) The discussion in the limitations section of the certainty of the diagnosis is good. It does, however, have implications for the interpretation of the results. Some of the patients actually do not fit the definition of TIA. Are some strokes very mild? This information is important as well.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.