Author’s response to reviews

Title: The Heart Health Study - Increasing cardiovascular risk assessment in Family Practice for first degree relatives of patients with premature ischaemic heart disease: a randomised controlled trial

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Author’s response to reviews: see over
BioMed Central Editorial

Dear Editor,

Re:

MS: 1662569951558703

Research article
The Heart Health Study - Increasing cardiovascular risk assessment in Family Practice for first degree relatives of patients with premature ischaemic heart disease: a randomised controlled trial Nigel P Stocks Prof, Jessica L Broadbent Ms, Michelle F Lorimer Ms, Derek P Chew Prof, Philip Tideman Prof, Gary Wittert Prof and Philip Ryan Prof BMC Family Practice (Section: Service organization, utilization, and delivery of care)

Response to editorial questions

In response to your questions please see below and the amended paper.

1. Key questions: please modify statement under ‘what does this study add?’ to reflect the actual results in the abstract that of approx. 20% of people who responded to an invitation to participate in the intervention, 75% of these attended their GP for risk assessment which is actually 41/288 relatives invited to participate.

We have inserted the following text under what does this study add – line 75-78

What does this study add?

When siblings or children of patients with PIHD receive information about their CVD risk and a recommendation to visit their GP up to 75% attend for a CVD risk assessment, however this represents only 41/288 (18%) of potentially eligible participants.

2. While I agree that you have presented the CONSORT flow sheet appropriately, you have not addressed my query as to how many potentially eligible patients there were in the population you recruited from? essentially, could there have been any selection bias? could you address in the discussion.

We have inserted the following paragraph in the paper – line 364 - 369

We assessed 347 hospitalised patients for eligibility and randomized 144. Clearly many ineligible patients (137), those living in remote aboriginal communities (28) and their first degree relatives would have a different set of circumstances from those participating in trial. As with any other trial we have selected an eligible population for whom the results are applicable and we cannot make
any inferences about the impact of the intervention on these other groups, who make up a substantial proportion of all PIHD patients and their relatives.

3. Please use the term ‘low’ cardiovascular risk vs mild risk, for consistency throughout.

We have replaced ‘low risk’ with ‘mild risk’ throughout the document.