Author's response to reviews

Title: Effectiveness of Motivational Interviewing in Primary Care Patients With Dyslipidemia: A Randomized Cluster Trial. Dislip-EM Study

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Author's response to reviews:

Re: 'Effectiveness of Motivational Interviewing in Primary Care Patients With Dyslipidemia: A Randomized Cluster Trial. Dislip-EM Study'

Dear:

Regarding the suggested corrections indicated by the referee had to address them point-by-point below:

1. Minor revision If they decided not to consider alcohol or smoking, then this needs to be stated.
   Answer: we have included on pages 13 and 14 the results obtained with respect to alcohol and snuff (in red).

2. Major revision The authors need to ensure that all other measures in the results are either described or methods of assessment are referenced. There are some problems with referencing for key health behaviour change variables – for example, the diet and IPAQ are referenced (Refs 26 and 27), but reference 27 is not included in the body of the paper.
   Answer: fixed error. The bibliography has been revised and updated.
3. Major revision One of the goals of the original protocol was to improve adherence to medications and how this was measured was not described or referenced. Since use of statins was a strong predictor of lipid lowering (TC and LDL-C) this is relevant, as none of the patients were on medication at baseline. Answer: this variable is included both in the methods section and results.

4. Major revision The authors need to describe their multivariate analysis methods better and can shorten the description of the basic statistical methods. What were the starting variables to analysis? Forward or backward selection, etc. Why was Friedman method and not a typical post hoc ANOVA test? Answer: we have shortened the description of the basic statistical methods and detailed as the multivariate analysis (test used, criteria for selection of the variables and modeling strategy) was made. The Friedman test for repeated variables used in cases in which the variables did not follow a normal distribution as non-parametric test for comparing two means more.

5. Discretionary revision Were certain diet behaviours more likely to change, such as eating more olive oil? Answer: this aspect was not measured in the study.

6. Discretionary revision Starting medication was a covariate that would affect the clinical measures rather substantially, which was highly significant in the modelling, 19% of control group, 9% of the intervention group started medication. It would have been good to see if any changes differed in the subgroups by medication use. An overall decline of 7% in both TC and LDL-C was modest, considering the number who went onto medication. Answer: the effect of taking statins was measured by multivariate analysis, so being able to check and quantify the effect, independent of other covariates, which took over control of lipid parameters.

7. Major revision There is a lot of extraneous information in tables 1-3 that is not relevant to this study. Table 4 can be revised to include the key baseline information. Answer: revised.

The results of the trial could be much improved by putting them in a table (section 3.2.2). Answer: we believe that the results we've added in this section is sufficient.

Figure 1 can be deleted, Figure 2 is helpful but only one figure of TC or LDL-C is sufficient. Answer: we removed Figures 1 and 3, others believe they bring relevant information.
About 10 references are in Spanish – and should be converted to English for the English audience of this journal or the original should be indicated as a Spanish study.

Answer: the titles of the references in the Spanish have translated into English.

1. CONSORT guidelines:

   Answer: we have included a completed CONSORT checklist as an additional file.

2. Please include date of trial registration in the abstract.

   Answer: we have included date of trial registration in the abstract.