Reviewer’s report

Title: Cardiovascular Risk Factors among High-Risk Individuals Attending the General Practice at King Abdulaziz University Hospital: A Cross Sectional Study

Version: 0 Date: 11 Apr 2019

Reviewer: Monica Leverton

Reviewer's report:

I thank the authors for giving me the opportunity to review this manuscript. The researchers present an important topic, looking at the motivating factors of professional and family caregivers for people living with Alzheimer's disease.

While the topic is important, I feel there are a number of important modifications that would benefit and add strength to the research.

Key words:

* I would suggest adding 'Alzheimer's disease' as a keyword.

Introduction:

* In the first paragraph of this paper, the researchers say that Alzheimer's disease is known as the 'unending funeral' (line 15-17). I have not heard or read of this term being used before. Also from reading the paper from which you have cited this term (Lodgson et al., 1999) I cannot see where they have said this anywhere in their paper. I would suggested removing this sentence.

* Furthermore, some sentences could be interpreted as placing blame on people living with dementia and may present an unhelpful negative narrative for those living with the condition - e.g. 'The ongoing and varying demands of caring for these patients are often psychologically, physically, and financially draining (4). Family members and friends, in particular, often voluntarily assume this heavy responsibility'.

* I believe the paper could benefit from bringing in some models of care giver behaviour, where past literature has identified some of the motivators for caregiving behaviour to introduce and support the researchers' findings.
The rationale for this research is clear, however the paper is missing a research question or specific objective/s.

Methods:

* The researchers report using triangulation to enhance the credibility of their data, however it is not clear how or where triangulation of data was used. Triangulation refers to the use of more than one method of data collection and it seems that qualitative interviews was the only method carried out in this study.

Results:

* I feel the research could be greatly improved by redoing the analysis and separating findings for professionals and family/friend caregivers. The motivations for their care for patients with Alzheimer's disease is likely to differ greatly, with professionals doing so as it is their job and they receive financial income, whereas family caregivers typically do not. The theme of 'financial incentives' applies only to professional caregivers from the examples provided and does not seem to be a specific motivator for caring for someone with Alzheimer's disease. The financial incentive is more so a motivation for working in general.

* Adding to this, the findings from the professional caregivers do not seem connected to the focus of the paper which is motivators for caring for patients with Alzheimer's disease. The theme of 'Developing network of relations' reads as a motivator for working in a residential or nursing home perhaps, rather than a specific motivator for caring for people with Alzheimer's disease. In the discussion, this reads as a reward of the role, not a motivator.

* The researchers' final theme is immoral motivations/stimuli (different terms are used in the abstract and main body of text) for caring for patients with Alzheimer's disease. The paper then goes on to conclude that the themes developed can inform future investigators for giving incentives to caregivers. It does not translate how the finding of immoral motivators (such as household theft as described) could then inform a moral way to incentivise caregivers in future.
Overall, the themes developed do not seem congruent for all participants (i.e. family caregivers and professional caregivers). The theme of morality, religion and spirituality is a key motivator and applies to both family and professional caregivers. However, the other three themes lack clarity as to how they apply the focus of the research, specifically the care for people with Alzheimer's disease) as well lacking in congruence between both family and professional caregiver perspectives.

The interchange of the terms professional and formal caregiving - is there a difference between a professional and formal caregiver? If not, the paper would be easier to read if the terms were kept consistent.

Highlight within the text that a table of participant demographics is located at the end of the report. It would also be helpful to break down these demographics into professional and family caregivers.

It is not clear from the text how the demographics of participants differs for 'occupation' and 'kind of caregiving'. I had assumed from reading the paper that all professional caregivers by occupation would have been providing professional caregiving while family caregivers would be providing family caregiving. If this is not the case it would be helpful to define the participant groups within the main body of text.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?

If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English

Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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