Reviewer's report

Title: Do English Healthcare Settings Use 'Choice Architecture' Principles in Promoting Healthy Living for People with Psoriasis? An observational study

Version: 2
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Reviewer: Frank Doyle

Reviewer's report:

The authors reviewed the frequency, accessibility and quality of posters and PILs regarding lifestyle changes, with an emphasis on psoriasis patients, available in 24 health centres. Using mainly content analysis, they found that the information that was displayed was mostly generic, and of poor quality. There are some aspects of the manuscript that I believe could be addressed to clarify some areas for readers. However, the major issue which needs to be discussed is whether condition-specific PILs/posters are necessary or even feasible? I outline the specific details below.

Methods (major compulsory revision)

The quality indicator seems a little weak – surely other aspects of PILs are useful for consideration – such as theory content perhaps, or even potential bias (although perhaps less relevant for lifestyle changes, as per Doyle et al 2013, citation 35)? Or whether the advice is practical (e.g. how to lose weight), rather than generic (advice to lose weight without practical tips)? This is another limitation of the study?

I presume these were rated as present/absent on a binary scale? Or are they rating scales such as Likert?

Why was only a subsample analysed as per the Houts et al framework?

Results (Minor essential revisions)

Table 3 – please explain the difference between a ‘Dermatology clinic’ and a ‘Hospital dermatology unit’ – both listed as secondary care?

PNs should be spelled out – I presume means practice nurses?

Health deprivation score should be explained and interpreted for non-UK readers.

Major compulsory issues for discussion

Is there RCT evidence that psoriasis-specific information would be more effective than generic information for any lifestyle changes? Even if there is, should there be such information available – given the plethora of chronic conditions and associated lifestyle risk factors for each, is to possible, feasible or even advisable to have condition-specific PILs/posters for lifestyle change for each one? This is especially relevant given that only A3 posters were effective for stair use, as
outlined by the authors (Kerr et al)?

Another aspect to consider is the immediacy of the behaviour – as with the Kerr findings. To use a stairs or a lift is an immediate choice. However, being presented with an A3 poster promoting physical activity such as stair use may not be as effective in a primary care centre without stairs!?

Discretionary revisions
LBC – is a needless acronym – suggest replacing with full wording, or just using ‘lifestyle’

**Level of interest:** An article whose findings are important to those with closely related research interests

**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