Author’s response to reviews

Title: Withdrawal of antihypertensive therapy in people with dementia: feasibility study

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We would like to thank again the reviewers for their comments regarding our manuscript ‘Withdrawal of antihypertensive therapy in people with dementia: feasibility study’. Please find attached the amended version following the reviewers’ comments (comments and subsequent changes see below). All changes are highlighted in yellow in the text.

Comment reviewer 1: In the abstract, it remains unclear in the abstract as to why 30 participants were enrolled when only 9 were eligible for the antihypertensive withdrawal programme.

Thank you for the comment. The Method section of the abstract was changed according to the reviewer’s suggestion.

Comment reviewer 2: In the abstract, the 95%CI should be 8%-15% (not 0.08-0.15).

This has been amended.
Comment reviewer 1: The terminology regarding the sub-studies/sub-analyses should be consistent (lines 89-92).

The section was changed following the reviewer’s suggestion.

Comment reviewer 1: Objective 5 should be reworded to reflect the purpose of the home blood pressure monitoring study.

There was a discrepancy in the method section where the HBPM sub-study was once mentioned as part of objective 4 and once as part of objective 5. This has been corrected (now consistently part of objective 5: can the intervention to withdraw antihypertensive medication be put into practice adequately for testing in a RCT and in anticipation of subsequent wider adoption?). The rationale has been slightly expanded and reference to support HBPM in randomised controlled trials has been added (lines 114/115).

Comment reviewer 1: The rationale for bi-daily BP monitoring needed clarification.

The reference for the Hypertension Guidelines, which recommend using HBPM twice daily was added (line 231/232).

Comment reviewer 1: Sample size and timing for follow-up assessments need to be clarified.

All participants who completed the baseline assessment were invited to complete the follow-up assessments at 6 months unless they did not use AHT (reason for exclusion). The timing for follow up was independent of the length of the withdrawal procedure in this feasibility study. This has now been clarified in lines 170-172.

Comment reviewer 1: The lack of tailoring of the withdrawal procedure to patients with dementia should be included in the discussion.

This has now been included in the discussion section (lines 465-468).

Comment reviewer 1: The wording of gradually withdrawing BP medication should be clarified.

The sentence was revised following the suggestions of the reviewer (line 211-213).
Comment reviewer 1: The lack of GP characteristics should be added to the Discussion.

This was added following the reviewer’s suggestion (lines 432/433).