Reviewer’s report

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

Version: 1  Date: 31 Oct 2017

Reviewer: Jean Craig

Reviewer's report:

1. It remains unclear in the abstract as to why 30 participants were enrolled, when only 9 were eligible for antihypertensive withdrawal programme. This could potentially be resolved with a minor change to the methods paragraph (from line 39). The following suggestion needs close checking by the authors:

Methods: A cohort study investigating the attempted withdrawal of antihypertensive drugs where appropriate, and/or the feasibility of home-based blood pressure monitoring, in people with dementia treated for hypertension was undertaken. Interviews with participants and carers and an indicative economic evaluation were also undertaken.

(Original text was: Methods: A cohort study attempting the withdrawal of antihypertensive drugs in people with dementia and controlled hypertension was undertaken. An interview study with participants and carers, a home blood pressure monitoring study, and an indicative economic evaluation were also undertaken.)

2. Lines 89 - 92 refer to 'sub-group analyses' as per reviewer's previous suggestion. Line 111 refers to 'the withdrawal sub-study'. To avoid using differing terms, can lines 89-92 be further simplified e.g.

"….a cohort study comprising medication withdrawal, home-blood pressure monitoring and interview sub-studies was undertaken. The medication withdrawal sub-study included plans for an economic evaluation."

3. Line 115 - new sentence: It was anticipated that HBPM could ensure greater safety during drug withdrawal. How? By what mechanism? This sentence is intended to provide the rationale for the HBPM sub-study, but in my view it doesn't give sufficient explanation. The HBPM study is intended to address Objective 5 (line 80). If this is the case, the objective would benefit from slight rewording to make this clear.
Line 224 onwards - What is the rationale for bi-daily blood pressure monitoring? Is this the recommended frequency when undertaking antihypertensive drug withdrawal? A supporting reference would help.

4. Baseline and follow up assessments, line 168 onwards:
Do the baseline assessments and all 6 month follow-up assessments apply to the entire cohort (30 participants)? What about the NHS service use and potential side effects associated with hypertensive therapy? This needs clarification given the cohort study included a number of sub-studies.

Line 278 - The analysis includes "time until hypertension returned", indicating that blood pressure monitoring (in the drug withdrawal sub-group) was carried out at intervals. This is not reflected in the timings for the follow-up assessments.

5. Line 208 onwards, new text describing the withdrawal procedure. I was expecting to see a withdrawal procedure specifically tailored to patients with dementia, but there is no indication that this was the case. This could be an important limitation of the study and one that warrants discussing in the appropriate section of the manuscript.

A minor point: "Following the plan, BP medication was withdrawn gradually ...." To aid clarity, suggest reword, something like "a key principle of the plan is that BP medication should be withdrawn gradually...."

6. The response to the reviewer indicating that GP characteristics (those that took part and those that did not) were not recorded. Consider adding a sentence to this effect in the discussion as a limitation.

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