Reviewer’s report

Title: Evaluating the Feasibility of a Pharmacist-Guided Patient-Driven Intervention to Improve Blood Pressure Control in Patients with CKD

Version: 0 Date: 21 Nov 2018

Reviewer: Andrew Husband

Reviewer’s report:

Thanks for providing me with the opportunity to read this piece of work, I found it interesting to review. Please consider the following

Review the piece for alignment with the CONSORT Statement for Pilot and Feasibility Trials. There are a number of areas where I think the submission could be improved. The abstract does not clearly document aspects such as eligibility (this is partially detailed, exclusion is only mentioned later.) Also what is the objective for this trial? Is it to show the intervention is safe? I'm not clear on that particular aspect, is it about feasibility and how therefore will this inform a larger trial? I accept that later in the paper these outcomes are stated in the results.

Pg 6 under heading 'Intervention', would argue term of 'life-limiting illness' would be a better rather than 'terminal'

Pg 6 would correct BP measurement technique read better than 'proper'

Pg 6 double quotes " My Health Connection" are usually only used for actual speech single for this example. Review throughout

Results

Given the difficulty in identifying suitable patients would the authors now consider a change in the eligibility criteria? It would seem sensible to think that possibly patients on more than three meds may well benefit from this approach. Could the safety of such an approach be tested within a stratified sample in a larger trial? One could make the same argument about different levels of BP

You use the words 'adherent' and 'compliant' interchangeably in the results section. I would argue the use of 'adherent' would be more appropriate and in line with this sort of patient-centred care.

Pg 6 'aimed to maximise each medication in a stepwise...' is this a reference to maximising the effectiveness of each medication or simply to maximise the dose to the maximum tolerated amount? It is not clear and could be read either way
Pg 8, what is meant by 'CKD provider'? Is this the physician responsible for the patient, a nurse? Since the views of these people have been sought to evaluate the acceptability of this approach it would be useful to understand how they have interfaced with it. Has this resulted in less clinic attendance time for patients or improved skill mix via the use of the CP? Also are the CPs internal or external to this organisation? It isn't clear to me on reading.

Pg 8 is it reasonable to ask patients to assess their own risk of ADRs? Would many of these be obvious? I accept postural drop etc will exhibit symptoms patients will see but changes in renal function will not. How will these things be considered as a whole?

Discussion

The time to treatment target is an interesting argument and one which could potentially support this approach. This does not appear to have been clearly measured and reported in this study though. This does take me back to the point made initially, what were the specific aims of this study?

Level of interest

Please indicate how interesting you found the manuscript:

- An article whose findings are important to those with closely related research interests

Quality of written English

Please indicate the quality of language in the manuscript:

- Needs some language corrections before being published

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