Author's response to reviews


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Author's response to reviews: see over
Dear Ms Audrey Ann Reyes,

BMC Public Health

The article titled “Non-pharmacological treatment of hypertension in primary health care: A comparative clinical trial of two education strategies in health and nutrition”, is attached. The article has been revised and all the corrections and/or suggestions highlighted by the referees - for which we’re grateful- have been attended.

Below are the signaled points that were highlighted by the evaluators and our corresponding response (in italics).

Referee Célia Rozendo’s report:

2. “The methods are appropriate, but the authors need to explain how they got their final sample. Why 28 participants were chosen? How did they obtain their conclusions with 28 female participants when there were 626 people with hypertension? How many women there were? What percentage of women in the total number? (Methods, Study Design, page 7, paragraph 1)”

*The referee's comment is pertinent. The figure 1 was completed to clarify this point.*

3. “It would be good for the authors to explain what information or counsel was given to the participants in group 2 (home visits) since there were differences in the results from each group.”

*The information is included in Frame 1.*

4. “Why does the authors 10 refer n=13 in the group 1 instead of n=14? Probably is a writing problem (Results, Effect of intervention on dietary variables, page 10, paragraph 4).”
5. “The discussion and conclusions are adequately supported by the data, but it is not possible to have an extensive conclusion (to the families) with results about the visits done at the homes of the women in group 2 (Discussion, page 13, paragraph 1).”

*This point was shown when the use of salt, sugar and oil was discussed, and pointed out that the estimated intake was performed at home level, including the availability for the family and not only for participant women.*

**Referee Saulle Rosella’s Report:**

1. **ABSTRACT**

   *All the suggestions were accepted.*

2. **TEXT**

   *All recommendations were attended.*

**Referee Brigid Unim’s Report:**

**Major Compulsory Revisions:**

1) **Methods:**

   The period of recruitment of the sample is not mentioned.

   *The reviewer's comment is pertinent and this information was included.*

2) **Baseline characteristics of participants:**

   “All participants made use of anti-hypertension therapy and approximately 80% reported using medications in compliance with medical orientation”: how did you arrive to this percentage? In table 1 it’s reported that 100% in each group use medication for hypertension regularly.

   *The reviewer's comment is pertinent. This inconsistency was eliminated.*

3) The limit of this study is surely the small number of the sample and, therefore, the generalization of the results becomes more problematic. This was not mentioned in the discussion.

   *Suggestion was accepted and text completed to clarify this point.*
Minor Essential Revisions and Discretionary Revisions:

Reviewer Mariangela Cherchiglia:

Major Problems:

1. “The recruiting of the sample doesn’t come clear to me (Figure 1). The chapters "Subjects and Study Design" should be revised, e.g: The authors need to clarify how the patients were selected to participate in the study. The description of the selection of participants does not indicate this and leaves doubt as to the actual selection of participants (N = 28), because the reference was a population of 626 individuals with hypertension. How many are woman? Why only females were included (studies suggest that women tend to present greater adherence to medical treatment - that would not be a bias?). The sampling scheme initiate with 40 individuals, who are these 40 individuals? They were potentially eligible patients? How many individuals were qualified into the criteria for inclusion?

   One criterion for selection was to have pressure of 140 mmHg for 90 mmHg and/or taking medication for hypertension. What kind of association exists between these two criteria? How many and why (refused to participate) were excluded by the criteria established? Anyway, as the authors got down to 28 participants?

   There were some exclusion criteria to exclude patients at post-randomization time periods? Participation in less than 50% of the workshops (2 in 3) was one of them?”

   The reviewer's comment is pertinent. The selection of the final sample was described in detail.

2. “The submitted sample is similar to a convenience sample. In this case the comparison of different types of intervention is not possible. It is reasonable that through a convenience sample is to collect information about the two interventions by presenting the change between the parameters over time (time between start and end within each type of proposed intervention), but never a comparison between both mainly by statistical methods. It is also important to consider that the sample size is small, so any statistical comparison between them is compromised (14 in each group).

   In my view the data presented are not suited to compare two intervention strategies regarding the adherence of adult women to dietary changes recommended for the treatment of hypertension. To do this, the authors should have used more comprehensive methods, such as propensity score methods.”

   We clarify that study sample was not chosen for convenience. We include more details on method utilized for sample selection. Considering the size sample is reduced and the data profile without normal distribution the use of parametric statistical tests is more adequate.
“The sample should be matched by some characteristics of participants such as age, schooling and specially cigarette intake. Tobacco users, in particular, tend to have poor behavioral profiles, exhibit at least one additional risk behavior.”

_The characteristics in question are already given in Section Results. The information is included in Table 2._

**Reviewer Valdes Bollela:**

“My expectation on this study was clear favoring better results on adherence to dietary treatment on the group receiving guidance at home. The work is important because confirm this expectation. The most important point here is: How can we sustain these results, assuming the lifelong nature of care in hypertensive populations. This could be touched because the conclusion is that guidance at home showed to be better. The question here is: what are the challenges to do this? The authors could say or show some information/data based on the 14 patients and (70 home visits) and share with us challenges, ideas that could make it easier to do (logistics, operational aspects).”

_Request attended._

“It would be very interesting to see the authors talking a little bit more about the limitations of their study (number of participants, generalisability to other populations: in bigger cities, etc.)”

_Request attended._

We hope to have attended all requests.

With best wishes,

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