

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Characteristics of people with low health literacy on coronary heart disease GP registers in South London
AUTHORS	Rowlands, Gillian; Mehay, Anita; Hampshire, Sally; Phillips, Rachel; Williams, Paul; Mann, Anthony; Steptoe, Andrew; Walters, Paul; Tylee, Andre

VERSION 1 - REVIEW

REVIEWER	Wilson, Elizabeth Northwestern University
REVIEW RETURNED	27-Aug-2012

THE STUDY	Although the participants in the current study are described elsewhere, a brief overview of the study sample would be helpful within the context of this paper and would help in assessing the generalizability of the study to actual patients at large. A sentence or two would likely suffice.
GENERAL COMMENTS	<p>Overall, this brief report is clearly written and easy to understand. Additionally, the article is of value to the journal's readership.</p> <p>There are a few suggestions I have that may help to improve this manuscript:</p> <ul style="list-style-type: none">- When discussing low literacy, it might be helpful to indicate rates of limited literacy in other countries where such data is available.- I am familiar with different cut off points for the REALM than the authors have used, with adequate literacy being defined as 61 out of 66 or greater, and the threshold between marginal and low being at 45. However, with that scoring I would still group low and marginal together as indicative of limited literacy vs. adequate. By increasing the threshold needed to have "adequate literacy" to the score of 61 you would likely have a few more people fall into the limited bin, which may or may not change some results.- An orienting sentence at the beginning of the statistical analysis section as to what you are looking at in the regression model would be helpful.

REVIEWER	Dr Michelle Edwards
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	Research Fellow Centre For Innovative Ageing Swansea University
REVIEW RETURNED	28-Aug-2012

- The reviewer completed the checklist but made no further comments.

REVIEWER	Nicola J Gray PhD MRPharmS Independent Pharmacist / Health Services Researcher Manchester England I have no competing interests.
REVIEW RETURNED	07-Sep-2012

GENERAL COMMENTS	p7 line 21-24: "Of the 687 participants who completed the REALM, 92 (13.39%) had low health literacy. For the multivariable analysis a further 28 patients were excluded due to missing predictor variable data, leaving a total sample of 659." I suggest removing the words "a further" as the way these sentences flow at the moment suggests that the low HL patients were excluded, and they were not. Minor typing errors in reference list 4 and incomplete citation in reference 5.
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

1. When discussing low literacy, it might be helpful to indicate rates of limited literacy in other countries where such data is available.

Response: This has now been added to the introduction with supporting references.

2. I am familiar with different cut off points for the REALM than the authors have used, with adequate literacy being defined as 61 out of 66 or greater, and the threshold between marginal and low being at 45. However, with that scoring I would still group low and marginal together as indicative of limited literacy vs. adequate. By increasing the threshold needed to have "adequate literacy" to the score of 61 you would likely have a few more people fall into the limited bin, which may or may not change some results.

Response: thank you for identifying this error. The cut off should have been 60 & above = adequate health literacy, 59 and below = low health literacy as per the UK validation of the REALM. This has been inserted in the text and referenced. In addition the analysis (initial univariable analysis followed by multivariable modeling) has been repeated. This has altered the significance value of some of the analyses but has not changed the model. In the univariable analyses age is now borderline significant (0.49) but we have advised interpreting this with caution.

3. An orienting sentence at the beginning of the statistical analysis section as to what you are looking at in the regression model would be helpful.

Response: this has been added.

4. Reviewer 2: no comments

5. Reviewer 3: . p7 line 21-24: "Of the 687 participants who completed the REALM, 92 (13.39%) had low health literacy. For the multivariable analysis a further 28 patients were excluded due to missing predictor variable data, leaving a total sample of 659." I suggest removing the words "a further" as the

way these sentences flow at the moment suggests that the low HL patients were excluded, and they were not.

Response: the words 'a further' have been removed as suggested.

Minor typing errors in reference list 4 and incomplete citation in reference 5.

Response: these have been corrected.