PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Patients' and health professionals' attitudes and perceptions towards the initiation of preventive drugs for primary prevention of cardiovascular disease: protocol for a systematic review of qualitative studies
AUTHORS	Qadi, Olla; Marshall, Tom; Adderley, Nicola; Bem, Danai

VERSION 1 - REVIEW

REVIEWER	Debbie Cavers University of Edinburgh, Scotland, UK
REVIEW RETURNED	08-Aug-2018

GENERAL COMMENTS	I think this manuscript provides a comprehensive protocol for the proposed review and synthesis of qualitative studies of primary care professionals' and patients' attitudes and perceptions towards the initiation of primary preventative drugs for CVD. I would recommend it is published. I have a few minor comments: 1. In the title only GP and patient views are mentioned whereas nurse practitioners' views are also listed in the inclusion criteria. Please change the title accordingly. 2. I think a clearer justification of what the review will add to public health knowledge, research and practice is warranted both in the abstract strengths and weaknesses and in the body of the manuscript itself. 3. The third paragraph of the introduction introduces existing reviews covering a similar topic. I think you could be bolder here about what your review adds in addition to the existing reviews. For example, the precise relevance of your more focused review for primary care and CVD prevention more generally. I also think this paragraph could be more concise. 4. In the methods sub-section on information sources and search strategy, please could you give more detail on the search terms to demonstrate how you maximise sensitivity and specificity, perhaps giving an example search for one of your chosen databases? 5. With regard to patient and public involvement, could you give more details on whether or not there will be any PPI going forward or give reasons for why not.

REVIEWER	Shannon McKinn University of Sydney, Australia
REVIEW RETURNED	02-Oct-2018

GENERAL COMMENTS	Well-written protocol, I only really have the one comment: Will there be any upper cut-off in patient ages or differentiation between patient age groups? I am aware of a number of studies that look at CVD risk management and decision-making in older adults (75+), for whom the evidence about the use of preventive primary CVD meds is not as conclusive as for younger people; GP guidelines are also often less definitive in their guidance for older adults, and decisions more likely to be influenced by factors such as multi-morbidity, polypharmacy, frailty, etc. What is the rationale for including or excluding (whichever you are doing) studies looking at initiating meds in older patients, given the different evidence and recommendations for prescribing primary preventive CVD meds in older people vs younger people?

VERSION 1 – AUTHOR RESPONSE

Reviewer 1 comments

I think this manuscript provides a comprehensive protocol for the proposed review and synthesis of qualitative studies of primary care professionals' and patients' attitudes and perceptions towards the initiation of primary preventative drugs for CVD. I would recommend it is published. I have a few minor comments:

We thank the reviewer for the positive feedback.

1. In the title only GP and patient views are mentioned whereas nurse practitioners' views are also listed in the inclusion criteria. Please change the title accordingly.

We have now amended the term ‘general practitioners’ to ‘health professionals’ in the title and throughout the manuscript.

2. I think a clearer justification of what the review will add to public health knowledge, research and practice is warranted both in the abstract strengths and weaknesses and in the body of the manuscript itself.

We have now provided a clearer justification of what the review will add to public health knowledge and practice. We revised the abstract and the body of the manuscript to ensure a clearer explanation of the value of our review.

3. The third paragraph of the introduction introduces existing reviews covering a similar topic. I think you could be bolder here about what your review adds in addition to the existing reviews. For example, the precise relevance of your more focused review for primary care and CVD prevention more generally. I also think this paragraph could be more concise.

We have now amended the introduction. The third paragraph discusses existing reviews and the fourth paragraph now highlights what our review will add to existing knowledge with an explanation of why it is important for us to focus on primary prevention.

4. In the methods sub-section on information sources and search strategy, please could you give more detail on the search terms to demonstrate how you maximise sensitivity and specificity, perhaps giving an example search for one of your chosen databases?

We have now included an example search strategy that we formulated for MEDLINE database.

5. With regard to patient and public involvement, could you give more details on whether or not there will be any PPI going forward or give reasons for why not.

In the patient and public involvement section, we explained that there are no plans to involve patients or the public in our review.

Reviewer 2 comments

Well-written protocol, I only really have the one comment:

We thank the reviewer for the positive feedback.

1. Will there be any upper cut-off in patient ages or differentiation between patient age groups? I am aware of a number of studies that look at CVD risk management and decision-making in older adults (75+), for whom the evidence about the use of preventive primary CVD meds is not as conclusive as for younger people; GP guidelines are also often less definitive in their guidance for older adults, and decisions more likely to be influenced by factors such as multi-morbidity, polypharmacy, frailty, etc. What is the rationale for including or excluding (whichever you are doing) studies looking at initiating meds in older patients, given the different evidence and recommendations for prescribing primary preventive CVD meds in older people vs younger people?

We have now addressed this in the sample section of the eligibility criteria. We decided to exclude studies that discuss older patients because the attitudes about drugs in this age group will be different than younger age groups.

VERSION 2 – REVIEW

REVIEWER	Debbie Cavers Usher Institute, University of Edinburgh
REVIEW RETURNED	12-Feb-2019

GENERAL COMMENTS	Thanks to the authors for addressing my previous comments. I think the manuscript is much improved. The rationale is clear and the authors have carved out the precise contribution of their review of primary prevention of CVD. I have a few more minor comments before publication: Abstract: You could mention the precise form of thematic synthesis you will be using (i.e. Thomas and Harden's thematic synthesis). Line 59: missing 'disease' I believe Introduction line 73: For non-expert you could spell out more clearly what 10 year CVD risk is and how it is calculated. You also discuss primary prevention of CVD globally but I think you need to mention the impact of different health care systems. Line 114 – I would move this to the methods section. It would be clearer to set out the limitations of existing studies and then how you intend to address them.

	Line 176/177 – You could also make it clear here that you will include the qualitative components of mixed methods studies as you previously mention. I am not convinced about the age cut off of 85 years so you could expand on the rationale here. I would think, as Barnett et al 2006 have reported, that multi-morbidity and polypharmacy are enduring issues for those in a younger age bracket than 85+ Line 279 – you could add why PPI was not considered or not an option.

REVIEWER	Shannon McKinn University of Sydney, Australia
REVIEW RETURNED	31-Jan-2019

GENERAL COMMENTS	Thank you for your revisions, I recommend that the manuscript be accepted.

VERSION 2 – AUTHOR RESPONSE

Reviewer 1 comments

Thanks to the authors for addressing my previous comments. I think the manuscript is much improved. The rationale is clear and the authors have carved out the precise contribution of their review of primary prevention of CVD. I have a few more minor comments before publication:

We thank the reviewer for the positive feedback.

Abstract: You could mention the precise form of thematic synthesis you will be using (i.e. Thomas and Harden's thematic synthesis).

We have now amended the methods and analysis section of the abstract to specify that the thematic synthesis will be done using the Thomas and Harden's approach.

Line 59: missing 'disease' I believe

We have now added the missing word 'disease'.

Introduction line 73: For non-expert you could spell out more clearly what 10 year CVD risk is and how it is calculated.

We have now explained what a 10-year CVD risk means and how it is calculated.

You also discuss primary prevention of CVD globally but I think you need to mention the impact of different health care systems.

We have now mentioned the impact of healthcare systems on the prescribing of cardiovascular drugs for primary prevention.

Line 114 – I would move this to the methods section. It would be clearer to set out the limitations of existing studies and then how you intend to address them.

In the introduction we discussed how our review will address the limitations of previous reviews. In the critical appraisal section of the methods and analysis section we mention that studies will not be excluded based on quality assessment.

Line 176/177 – You could also make it clear here that you will include the qualitative components of mixed methods studies as you previously mention.

We have now mentioned that the qualitative component of mixed methods studies will be included.

I am not convinced about the age cut off of 85 years so you could expand on the rationale here. I would think, as Barnett et al 2006 have reported, that multi-morbidity and polypharmacy are enduring issues for those in a younger age bracket than 85+

We have now amended this sentence. We previously set the cut off at 85 years to follow the age range covered by NICE guideline for primary prevention of cardiovascular disease. Our review will look at studies that involve patients of all age groups. We will exclude any study that specifically focus on drug initiation in older adults.

Line 279 – you could add why PPI was not considered or not an option.

We have now explained why PPI was not considered.

Reviewer 2 comments

Thank you for your revisions, I recommend that the manuscript be accepted.

We thank the reviewer for their recommendation.