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OPEN PEER REVIEW

The Effect of Continuous Nursing Care Program on Anxiety Level, Episodes of Chest Pain, and Readmission Rate after Myocardial Infarction: A Randomized Controlled Trial

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

3 comments · 13 Feb 2021 – 22 Feb 2021

Referee 1 Reviewer

MAJOR REVISION 13 Feb 2021

With thanks to the respected authors of the article, there are a few minor points that need to be corrected before publication.
In the second paragraph of the Discussion, place the reference after IN POST mi PATIENTS.
Do not abbreviate Continues Nursing Care. Write it out in full throughout the article.
Include the test statistic values in the tables. The p-values alone are not sufficient.
Describe the content of the program in detail in the table so that others can subsequently implement this program in a real-world setting.
Good luck.

Associate Editor

MAJOR REVISION 22 Feb 2021

Needs revision.

Editor-in-Chief

MAJOR REVISION 22 Feb 2021

Please make the revisions and resubmit the paper as soon as possible.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

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Response to reviewers' comments

Reviewer 1:

Abstract:

Please clarify it in title which outcomes were considered?

Response:

Thank you for your insightful comments. We have revised the title and added the outcomes as your supportive recommendation. We highlighted the new information.

Add the sampling method and allocation method. (Which random allocation was used?)

Response:

Thank you for your comments and instructive question. We have reviewed the method section in the abstract and added new information as your recommendation.

In method section, start with intervention or study group before control group.

Response:

Thank you. We replaced the intervention group with the control group in the method section. We had the intervention group before the control group now. We highlighted the modification.

In method section, Please clarify it in title which outcomes were considered?

Response:

Thank you for your comments. We have reviewed the method section and clarified primary and secondary outcomes, and highlighted them.

Add the statistical method in method section.

Response:

Thank you for your precise recommendation. We added statistical methods in the method section and highlighted them.

Add the demographic data and compare between two groups.

Response:

Thank you. We added some of the demographic information in the results section and highlighted them.

Are the Anxiety levels outcomes? How control this before intervention???

Response:

Thank you for your question. Yes, they are. We have not controlled patients' anxiety levels before the study. We just measured anxiety levels in patients in both groups before and after the intervention to investigate the impact of our intervention on patients.

The methods of analysis the data is not appropriate for this study.

Response:

Thank you for your concern. We asked our biostatistician (Dr. Alinejad) to re-check the methods of analysis of the data again. The following is his response after checking the analysis results:

"Thank you for giving me the opportunity to be here and provide a statement. I re-checked all the data analysis methods and ensured you that all of them are okay. None of the confounding variables, including demographic variables and pre-test results, were different in the two groups or were not statistically significant. Therefore, the use of ANCOVA, MANCOVA, or similar models is not appropriate for this study. Also, assumptions of the independent T-test and paired T-test were applied to all statistical tests, so, the use of these tests (ANCOVA, MANCOVA, etc.) is not reasonable in this study."

The sample size that extract from the formula is wrong. Also this sample size is yielded for one group. Please consult with expert biostatistician. (Calculation is wrong)

Response:

Thank you. We consulted the biostatistician of our research team (Dr. Alinejad) to re-check the sample size calculation. He re-checked it and agreed with you. He re-calculated the sample size, and we modified it in the manuscript. We highlighted the new sample size calculation.

The randomization method was not appropriate. One can guess the order of the subjects in the intervention or control group.

Response:

Thank you. We consulted the biostatistician of our research team (Dr. Alinejad) to re-check the sample size calculation. He re-checked it and agreed with you. He re-calculated the sample size, and we modified it in the manuscript. We highlighted the new sample size calculation.

Add the RCT cod and ethical consideration.

Response:

There are already IRCT and ethical codes in the Ethical Approval section (section 5.2 on the last page). We highlighted them for your consideration.

How do you matched or controlled the variables of the two groups before intervention?
Response:

Thank you for your question. The following is our biostatistician response:

“We analyzed the demographic characteristics of both groups before the intervention. The difference between them was not significant, so we did not use statistical tests to control or adjust the variables because the two groups were homogenous in terms of demographic characteristics (Table 1 and Table 2).”

In RCT You need to make sure that the variables in question did not differ between the two groups before the intervention or that the differences were controlled.

Response:

Thank you for your precise comment. As we provided our biostatistician explanation in the previous comment response, the difference between the two control and intervention groups was not significant, and there was no need for controlling or adjusting the variables.

T test is not appropriate test. you must be used ancova or Mcnemar , mancova or so on.

Response:

Thank you for your concern. As we mentioned in previous comment, we asked our biostatistician (Dr. Alinejad) to re-check the methods of analysis of the data again. The following is his response after checking the analysis results:

“Thank you for giving me the opportunity to be here and provide a statement. I re-checked all the data analysis methods and ensured you that all of them are okay. None of the confounding variables, including demographic variables and pre-test results, were different in the two groups or were not statistically significant. Therefore, the use of ANCOVA, MANCOVA, or similar models is not appropriate for this study. Also, assumptions of the independent T-test and paired T-test were applied to all statistical tests, so, the use of these tests (ANCOVA, MANCOVA, etc.) is not reasonable in this study.”

Tables’ format is not suitable please remove % into tables 1,2 for numbers.

Response:

We asked our biostatistician, Dr. Alinejad, to check % into tables 1 and 2, and the following answer is his explanation in this regards:

“Thank you for your concern; we showed numbers with the letter “N” and percent with “%.” However, I replaced the word “Percent” with “%” to be clear.

Table 4 format is not suitable please reformat as appropriately. Please make consult with expert biostatistician.

Response:

Thank you for your instructive comments. We asked our biostatistician, Dr. Alinejad, to re-check all the tables and perform the necessary modification. He re-checked the tables and re-organized them, and made them look better and clear. We highlighted new tables and modifications.

Reviewer 2:

In practice, only anxiety, chest pain episodes and readmission were checked, and the other outcomes were not considered; so, in a way, this should be reflected in the title and aim of the study.

Response: Thank you for your good and constructive comment. The outcomes in question were added to the title of the study.

You focus on follow-up care, not education; naturally, education is a part of it.

Response: The aim of the follow-up study in this study was "education and rehabilitation exercises", which continued during hospitalization and for 12 weeks after discharge. In fact, it can be said that it was a kind of post-myocardial infarction rehabilitation program designed by the research team in the form of follow-up care.

You should provide a summary of the studies conducted in this field together with their results, the weaknesses and limitations of the studies, and also the studies conducted on follow-up care in cardiac patients or chronic patients, and the necessity of conducting the study should be made bold. The gap in the existing studies should be stated. Be sure to give references.

Response: Thank you for your comment. A comprehensive literature review was performed; studies on follow-up care were added and referenced, and the necessity of the study was made bold. The newly added material was highlighted.

In practice, the problem statement does not emphasize follow-up care; it only emphasizes education and cardiac rehabilitation, on which studies are abundant

Response: As mentioned in the response to the previous comment, new material on follow-up nursing care was added.

Rehabilitation exercises are not mentioned in the aim and the abstract ?????

Response: Thank you for your good comment. I made the necessary corrections so that rehabilitation exercises and education are seen in the aim and abstract of the study.

Write according to the journal format; if the journal has asked for it separately, write it separately; otherwise, it should not be mentioned twice in a row.

Response: Thank you; it had been written twice inadvertently. It was corrected according to the journal format.

Trial number ????

Response: The trial code was highlighted in the ethical considerations section.

Was your program rehabilitation or follow-up care??? Is there a contradiction???/

Response: Thank you for your good question. As explained before, the aim of the follow-up study in this study was "education and rehabilitation exercises", which continued during hospitalization and for 12 weeks after discharge. In fact, it can be said that it was a kind of post-myocardial infarction rehabilitation program designed by the research team in the form of follow-up care.

Type of randomization???

Response: Thank you for your constructive question. The type of randomization was fully explained. The new information was highlighted.

Ethics code and its date ?

Response: Thank you. The ethics code was highlighted in the ethical considerations section.

Written informed consent form?

Response: The written informed consent form was highlighted in the ethics code considerations section.

Blinding should be discussed

Response: Unfortunately, blinding was not performed in this study. Therefore, the lack of blinding was added to the limitations of the study.

Naturally, both groups should receive routine care, not only the control group????

Response: Yes, both groups had received routine care. This was added to the article and highlighted.

How was readmission controlled?

Response: The researcher had given all patients a telephone number and had asked them to inform the researcher in case of hospitalization and having chest pain. Readmissions with chest pain episodes were recorded in a checklist that had been prepared in advance. The relevant text in the article was highlighted.

How was the patients' clinical information collected ?

Response: The patients' clinical information was listed in the demographic questionnaire under the title "specific information", which included clinical information.

Please do not let the data be very repetitive between the text and the tables

Response: Thank you for your apt and good comment. The tables and the Results section were checked, and similar data were removed.

How was it checked, when you did not have a questionnaire for clinical characteristics?

Response: The patients' clinical information was listed in the demographic questionnaire under the title "specific information", which included clinical information.

Please direct the discussion in the same order as the presentation of results in the Results

Response: Thank you. The Discussion section was revised again, and the discussion of the study was arranged in the order of the results.

In the first paragraph of the discussion, state the hypothesis of the study and its confirmation

Response: Thank you for your good comment. The hypothesis and its confirmation were added to the beginning of the discussion.

Old references should be updated

Response: Seven of the old references were updated. Some studies, such as references number 20 and 21, were not changed because they refer to the Spielberger anxiety questionnaire and the study on the psychometrics of the Persian version.

Table number 2 should be corrected structurally.

Response: Table number 2 was corrected structurally.

Naturally, since the text is in English, the places of the two sessions should be swapped in terms of order.

Response: Thank you for your constructive comment. The places of the first and second sessions were swapped and highlighted.

Reviewer 3:

While thanking the respected authors of the article, there are a few minor points about the article in question that need to be corrected before publication of the article.

Response: Thank you very much for your kindness. We tried to correct all the points raised by the respected reviewers as far as we could. If there is still any point, we will be happy to benefit from the guidance of good reviewers like you. In the second paragraph of the discussion, place the reference after IN POST mi PATIENTS.

Response: Thank you. In the second paragraph of the discussion, the reference was moved to after in post-MI patients and highlighted. Do not write Continues Nursing Care in abbreviated form. It should be written in full throughout the article.

Response: Throughout the text of the article, CNCP was changed to continuous nursing care program and highlighted.

In the tables, enter the test values. The p-value is not sufficient.

Response: Thank you for your precision. After consultation with Dr. Alinejad, the statistical consultant of the research team, the test values were entered in all tables and highlighted. Explain the content of the program precisely in a table so that, after you, people can implement this program in a real setting.

Response: The content of the program was presented completely and precisely in the table and highlighted.

2 Revision 1

2 comments · 10 Mar 2021 – 10 Mar 2021

Associate Editor

ACCEPT 10 Mar 2021

accept

Editor-in-Chief

ACCEPT 10 Mar 2021

accept