Author’s response to reviews

Title: Patient perspective on the management of atrial fibrillation in five European countries

Authors:

Ameet Bakhai (abakhai@nhs.net)
Anna Sandberg (anna.sandberg@daiichi-sankyo.eu)
Thomas Mittendorf (mittendorf@herescon.com)
Wolfgang Greiner (wolfgang.greiner@uni-bielefeld.de)
André MS Oberdiek (andre_oberdiek@yahoo.de)
Patrizia Berto (pberto@la-ser.com)
Edith Franczok (EFranczok@harrisinteractive.de)
Trudie Lobban (Trudie@atrialfibrillation.org.uk)
Jose L Zamorano (zamorano@secardiologia.es)

Version: 2 Date: 17 October 2013

Author’s response to reviews: see over
Thursday 17th October 2013

Dear Dr Nassos Manginas

On behalf of my co-authors, I am addressing the following reviewer reports in bullet form below, referring to changes conducted in the re-submitted manuscript.

According the structure of the manuscript, the following adjustments have been made to the manuscript:

Title

- The title has been adjusted from “Patient perspective on the management of atrial fibrillation in Europe” to “Patient perspective on the management of atrial fibrillation in five European countries”. The reason for the adjustment is that the aim of the survey was not to generalize the results on Europe as a whole, and therefore it is mentioned that the survey was conducted in five European countries. It should also be mentioned that the survey neither aimed to generalize the results on the overall populations of the five countries.

Abstract

- One adjustment is made under the background, referring to above remark that the survey did not aim to generalize to results on Europe as a whole. Under the conclusion, the tempus was changed in the first sentence, also clarifying that the results are valid for the surveyed population and not a general population.

Introduction

- Under the last section, “across Europe” has been deleted, since this was indicating a more general aim of the survey than it was meant to be.

Methods

- Under the first section, the last sentence has been prolonged, clarifying that the AF specific questions added were added in order to characterize the patient population, addressing the review report by Antonis Manolis, with the feedback that the survey engages mostly with patient’s satisfaction with regards to anticoagulation monitoring rather than patient satisfaction with control of symptoms and arrhythmia recurrences.
Further, under the same section, the focus on the survey is presented, relating to the Commonwealth Fund Survey, which it is based on, analysing patient attitudes to, and satisfaction with, treatment for chronic conditions, with focus on access to appropriate healthcare, coordination of services, and safety.

Under the section Participants, the inclusion criteria has been adjusted, relating to the feedback from reviewer Antonis Manolis, for where it has been clarified that the included respondents were older than 18 years who either responded positively to have a diagnosis of AF or where not sure but responded that they were receiving oral anticoagulation therapy for either suspected AF or a heart rhythm disturbance. In addition, in order to not cause any confusion, under table 1, the reporting of AF diagnosis has been removed, as this can be misleading.

Under the section Participants, also the choice of sample size has been explained, as well mentioned under the limitation at the end of the manuscript, in the discussion.

Under Assessment of stroke risk, the first sentence has been revised, no longer referring to guidance of the ESC guidelines. Under the discussion part a limitation has been added, noting that the guidelines have been updated, referring to CHADS2VASc and that at the time of data analysis, the CHADS2 was used and not the current recommended CHADS2VASc.

The Data analysis section has been simplified to summary statistics, as the aim of the survey was not to detect significant differences between countries, and therefore has not been accounted for. We would rather collect data from the specific patient population, and only indicating trends. Therefore, also the p-values and the mentioning of significance have been removed throughout the paper, in order not to mislead the reader.

Under the section survey methodology, the domains are mentioned, as well as illustrated under figure 1. A request was made by reviewer Carl J Lombard to perform a correspondence analysis to extract single dimensions for analysis. However, this is not possible, as the survey is based on the Commonwealth Fund survey from 2008, and no index score is available.

**Results**

- The text for the Figures have been added in the paper as indicated in the instructions for submission

**Discussion**

- Under the section EUPS-AF results in context, the last sentence has been re-phrased and one additional sentence has been added, connecting the results of the survey to the economic crisis and cultural differences

- Further down under the same section, EUPS-AF results in context, one part is covering the limitations of the survey. There, the limitations of the choice of sample size and the fact that the results were not weighted in relation to prevalence of AF in respective country. However, as the aim of the survey was not to generalize the results on the overall
population and to compare between countries, but rather to detect trends, this was not seen as necessary.

- As already mentioned above, the limitations section is also mentioning the fact that the results were analysed with the CHADS\textsuperscript{2} instead of the CHADS\textsuperscript{2}VASc

Table 1

- Two adjustments were made to the table. The first one was that the reporting of AF diagnosis was removed. The reason is mentioned under the second bullet point above addressing Methods. The second adjustment made, was to add the reporting of stroke, as requested by reviewer Antonis Manolis.
- What was chosen not to be added to the paper, continuing to refer to reviewer Antonis Manolis’ request, was adjustment by type of AF and INR reporting. The reasons for not reporting this data in this paper was that all the data reported is patient reported and not confirmed by any treating physician, and there was a high number of missing information when posing these questions, indicating that the patient was not sure.

Additional remarks

- Regarding authors’ involvement in the survey and potential conflicts, please see the section Competing interests, for where this is declared
- The definition of ‘regular’, referring to testing, could not be addressed, as this was not explained in the survey questionnaire to the interviewer.

Yours sincerely,

Ameet Bakhai