**Author's response to reviews**

**Title:** Effects of an interactive CD-program on 6 months readmission rate in patients with heart failure - a randomised, controlled trial [NCT00311194]

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Submission of the revised manuscript: Effects of an interactive CD-program on 6 months readmission rate in patients with heart failure - a randomised, controlled trial [NCT00311194]

To the editor,

On behalf of my colleague, I hereby submit this revised manuscript.

Reviewer: David R Thompson

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached). More on the limitations of the study. It is not really surprising that a CD-program given to patients on only two occasions had limited effects. Why not give the patients and partners the CD to use at their convenience and repeat as often as necessary? Also, in the Discussion, the authors claim that knowledge saturation might have been achieved, but the knowledge tests indicate that the treatment group only had a mean score of 10 (out of 16) and the control 7.7, indicating that there is room for improvement.

On the limitations of the study

As there were no previous reports of similar studies other than our own, we had an optimistic view on the magnitude of effect the study could demonstrate. Our ambition was to include ordinary patients to achieve (if possible) a high external validity. The reviewer gives us suggestions for further work. If we had designed our study in the direction the reviewer is suggesting (given the result of the actual study), we had to face the inconvenience of including patients (or partners) both familiar and unfamiliar with computers, leading to some interpretation difficulties. Another design would be a restriction of the study to patients with previous computer knowledge. That would narrow the external validity. In any case, we have to face the trouble with risk for dissemination of the material to the control group. With our design that was avoided.

On knowledge saturation

As indicated by the knowledge tests, it may seem obvious that knowledge saturation was not reached in those who returned their questionnaires. Room for improvement seems to exist. One has to remember that only a minority returned the questionnaires and that the score achieved at the test may not be representative. In the Discussion we were referring to all kind of knowledge, not only knowledge attained by the CD-program. The knowledge test might not be a sufficient indicator. Since all patients also were educated by nurses, one might think that behaviour and self-management of the patients was a result of both methods. Unfortunately, we had no resources to monitor self behaviour in this study. As discussed in the manuscript, we would like to see a study were both knowledge and self-management is studied in relation to readmission. It is not compulsory that better knowledge leads to better behaviour.
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct) Title page: Is BPharm in the wrong place? Attention to English is required There are typo errors, such as 'esp'on page 3 and Jama' and 'Bmj' in references

On English and typo errors.

The errors pointed out by the reviewer have now been corrected. The English has been attended to and we have also corrected misspellings and typo errors. Sorry to say, but the misspelling of the abbreviation of two very well known medical journals was an effect of using Endnote v.8 for the references of the manuscript.

Reviewer: Sandra Dunbar

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct). This is a well written study describing a study of importance to readers and providers who are involved in efforts to improve self care for heart failure patients. The strengths of the study include the randomized controlled design, the sample size and description of power calculations, the attempt to obtain complete data through chart abstractions, and the statistical treatment of the data. The manuscript could be improved by more details on the knowledge questionnaire (how developed, reference etc) and a table listing content of the CD.

On the questionnaire

The questionnaire is listed as plain text in the revised version of the manuscript.

On the content of the CD

The content is now listed in a table.

The authors refer readers to another paper, but it would be helpful to have it in this paper. In the conclusions, the authors acknowledge possible reasons for lack of effect of the intervention, however, they do not connect knowledge with behavior change which would be important in attempting to link the intervention with such robust outcomes as mortality and hospitalization.

On knowledge and behaviour change

We admit that attempts to link the intervention with behaviour changes would have been attractive and had improved the value of the study, but that was beyond the scope of the study, which had very limited resources. As we suggested in the Discussion part of the manuscript, this issue has to be attended to in a new study, necessarily with a better budget.