Author’s response to reviews

Title: Effects of Self-Management Intervention on Health Outcomes of Patients with Heart Failure: A Systematic Review of Randomized Controlled Trials

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Author’s response to reviews:

Thank you very much for reviewing our manuscript. We have carefully considered the reviewers' thoughtful comments. As you will note, we have revised our manuscript accordingly, and we believe that our submission has been strengthened with these revisions.

We have outlined below our response to the reviewers' comments and the corresponding changes to the manuscript.

Response to Dr. Doughty's Comments:

1. We agree with that telephone follow-up by health professionals would have impacted the outcomes even when patients health condition was assessed. We acknowledge this in the Discussion section of our revised manuscript.

2. In this version of the manuscript, we address the reviewer's concern that the nature of the disease management intervention was not accurately reflected in our explanation of the difference between self-management and disease management interventions. More specifically, we note in the revised manuscript that the principal difference between the two types of interventions is that self-management focuses on enabling patients to assume a primary role in managing their condition, while disease management does not have this as its primary goal.

3. We agree with the reviewer's comment that the results of the systematic review were limited by the small number of events and unavailability of data on readmissions due to heart failure. We acknowledge in the revised manuscript that a small number of mortality events were reported in the studies, and that readmission data for heart failure was available only for half of the patient population. We also note that, as with any systematic review, the extent of the analysis that was possible was limited by the outcomes and events reported in the primary studies.

4. The reviewer suggested including a brief discussion of the potential reasons why self-management interventions focused on heart failure also decrease all readmissions. We outlined that a decrease in heart failure readmissions partly explains the decrease in the overall readmissions. We also note that self-management intervention could have encouraged good health practices that resulted in fewer readmissions for reasons other than heart failure.

Response to Dr. Cleland's Comments:

1. The reviewer has commented that "self-management" should be defined more clearly. In the "Selection" section of the manuscript, we have clarified the definition of a self-management intervention used in our systematic review.

2. The reviewer has questioned whether all studies of self-management have been considered, as they may not have described themselves as such. More specifically, the reviewer noted that telemonitoring studies may not have been included, although they can be self-management studies.

While devising our search strategy, we were aware of the possibility that interventions with self-management components may appear under different titles and non-obvious keywords. For this reason, we have included in our search strategy several general terms (such as "quality of care", "heart failure") in
order to identify a broad range of interventions targeted to this patient population. Our search strategy did identify telemonitoring interventions, and we have considered these interventions as self-management interventions, provided that other conditions in our inclusion criteria were met. One telemonitoring study was included in the systematic review, and another was excluded because it did not meet other inclusion criteria.

3. The reviewer commented that it was not clear why the analysis was restricted to patients being discharged from hospital.

We were interested in this patient population because we wanted to learn whether the self-management intervention prevents readmission. Self-management interventions conducted in the community setting were excluded since the readmission data from these studies cannot be reliably combined with the number of readmissions from the moment of discharge from the hospital.

Moreover, since only one randomized controlled trial was conducted at the community setting, we believe that exclusion of these results does not affect the quality of this study.

Both of the above notes were added to the new version of our manuscript.

4. The reviewer noted that the European Society of Cardiology has a much larger population than the European Union. The fact that so many patients are diagnosed with heart failure in the less populous of the two entities only strengthens our point that this is a condition with high incidence and severity.

Thank you for reviewing our manuscript and for your response. Sincerely,