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 the revision of our manuscript. We have carefully considered the reviewer's comments, and have revised our manuscript accordingly. We believe that the submission has been strengthened with these revisions.

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

Response to Dr. Cleland's Comments:

1. The reviewer has commented that one of the citations in the manuscript refers to the European Union instead of the European Society of Cardiology. Upon checking the article, we have modified the manuscript to state the number of afflicted by heart failure among the nations represented by the European Society of Cardiology. We thank the reviewer for bringing this to our attention.

2. The reviewer has pointed out that the Atlas issued by the Institute for Clinical Evaluative Sciences (ICES) may not be easily accessible to international readers. We have updated the mortality rates in the Background section of the manuscript to include 5-year mortality rates from the Framingham Heart Study, published in the New England Journal of Medicine. This study is frequently cited in the literature on heart failure.

3. The reviewer has raised the concern that the search criteria used in the study may have been changed retrospectively and that excluding telemonitoring intervention is a flaw of this study.

The selection criteria for the systematic review were not changed since the study was envisioned. The description of the selection criteria was clarified in the previous version of the manuscript in response to the reviewers' remarks that selection criteria could be clearer. In the manuscript, we attempted to provide this additional information.

More specifically, the selection criteria we used were designed to operationalise the definition of self-management outlined by Health Canada and to distinguish self-management interventions from those providing education alone or from the disease management interventions in which the health care professional forms the basis of the intervention. According to this distinction, each telemonitoring intervention can be classified either as a self-management intervention or as a disease management intervention, depending on the extent and the type of interaction between the patient and the medical professional(s). In accordance with the objective of our systematic review, we included the telemonitoring interventions that satisfied the self-management criteria. One study, whose explicit purpose was to enhance self-management behaviour was included in our analysis.

Other telemonitoring interventions were also identified during literature search, but were excluded because medical professionals were assuming an active role in assessing patients' health condition and/or in modifying their treatment. For instance, we have considered the systematic review of telemonitoring interventions that the reviewer completed in 2003. Of the six randomized controlled trials included in the systematic study, we reviewed three abstracts and three full-text articles. Our opinion was that these studies did not meet the inclusion criteria relevant to our proposed study question. In particular, these telemonitoring interventions focused on medical professionals making decisions about patients' health based on the information from the patient, and thus these studies did not meet the self-management
criteria.

While expanding the search criteria to include the telemonitoring interventions with a greater level of involvement of medical professionals will certainly yield useful insights, at this time our objective is to learn about the effects of self-management on patient health outcomes.

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