Author's response to reviews

Title: Pacemaker patients' perception of unsafe activities: a survey

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Author's response to reviews:

The Editors,
BMC-series Journals
Dear Sir/Madam,

Thank you for reviewing our article titled ‘Pacemaker patients perceptions of unsafe activities: a survey’. We appreciate the efforts by the learned reviewers and hope the following changes are to their satisfaction.

Reviewer: Peter Larsen

Major Compulsory Revisions:

1. While one of the stated aims of the study was to investigate the extent to which beliefs restricted functioning….. This limitation should be acknowledged in the discussion.

The following sentence describing aim of the study in the abstract was altered to remove the impression that we were assessing quality of life. ‘The aim of this study is to determine if routine activities are perceived by pacemaker patients to interfere with their device function which may result in impaired quality of life.’ has been changed to ‘The aim of this study is to determine if routine activities are perceived by pacemaker patients to interfere with their device function.’

The limitation has now been acknowledged in the discussion section (last paragraph page 9) ‘One of the major limitations of our study is that we only looked at misperceptions that are prevalent in our patients but did not investigate the extent to which these mistaken beliefs actually affected quality of life. Further studies to assess relationships between mistaken beliefs and quality of life might better quantify the actual burden caused by these misperceptions.’

2. There is insufficient detail about pacemaker education prior to implantation…..

To acknowledge our inability to assess the standard of pre implantation counselling the following has been changed in the discussion section. ‘Similarly counselling of patients did not seem to have made much impact other than in knowledge of MR scanning. Again, this may be due to a small sample size, but it may also reflect on the quality of information, the methodology of counselling, the
knowledge and communication skills of the counsellors and over-riding socio-cultural myths.' has been changed to ‘Similarly counselling of patients did not seem to have made much impact other than in knowledge of MR scanning. One reason for this may be that our study was limited in that we could not assess the level or quality of counselling provided at time of implantation. Other reasons that counselling did not appear to alter perceptions may be that our sample size was small, there was lack of standardized counselling, and prevalent socio-cultural myths may be stronger influences than education by health care providers.’

Minor Essential Revisions:
1. Median Household income is reported- it would be useful if ...............did this relate to levels of knowledge?

Pakistan national mean household income level has been added in the results section to allow the reader to compare patient sample with national statistics

Income levels and durations since implantations have also been analyzed and the following sentences added. ‘Effect of literacy, counselling at time of implantation, income level and duration since implantation of pacemaker on correct practices of daily living was assessed by the chi-squared test (Fisher’s exact test was used where less than 5 were present in a category).’ was added in the methods section and ‘Perceptions were also compared with level of income and with duration since implantation but these too did not seem to influence patient beliefs’. in the results section.

2. The study was conducted at an outpatient pacemaker clinic- it is not clear........response rate

Number of patients who were approached to participate has been included. ‘120 patients were assessed of which the final sample of 93 patients (55% females) met the study criterion and who all consented to participate.’ has been added to the results section. This also brought to our attention that we had not mentioned exclusion criterion of inability to speak Urdu or English which has also been added in the methods section.

3. Definition of literacy has now been highlighted in the methods section. Illiteracy was defined as inability to read or write as reported by respondent.

Discretionary Revisions:
1. The patients had received a pacemaker between less than 1 to 15 years ............. differences in belief associated with this duration.

Income levels and durations since implantations have also been analyzed and the following sentences added. ‘Effect of literacy, counselling at time of implantation, income level and duration since implantation of pacemaker on correct practices of daily living was assessed by the chi-squared test (Fisher’s exact test was used where less than 5 were present in a category).’ was added in the methods section and ‘Perceptions were also compared with level of income and with duration since implantation but these too did not seem to influence
patient beliefs’. in the results section.

2. Presumably these patients attend regular pacemaker clinics ……The potential role of these on-going clinics in providing patient education is not discussed.

The clinics are predominantly technologist under physician supervision. The retrospective nature of the study did not allow us to assess the level of clinician involvement with individual patients. We did not go into specific educational strategies including teaching in pacemaker clinics as possible solutions though we did mention that ‘Based on the demographics of our study, pacemaker educational material needs to be developed for patients with limited literacy and resources such as ours.’

Reviewer: Christof Kolb

1. Reference has been corrected.

Thank you for giving us the opportunity to revise and resubmit our paper. We hope that this meets the journals requirements. In case there are still any concerns we would be happy to address them if given the opportunity.

We look forward to hearing from you.

Azam Shafquat
3rd November 2008