Author's response to reviews

Title: The attitudes, beliefs and behaviours of GPs regarding exercise for chronic knee pain: a systematic review

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Author's response to reviews: see over
Dear Dr Pafitis,

Many thanks for your response to our paper and the informative and useful reviewers’ comments. Please find attached the revised version of our manuscript “The attitudes, beliefs and behaviours of GPs regarding exercise for chronic knee pain: a systematic review” which has been amended to reflect these comments as outlined below.

Reviewer: Serge Poiraudeau

No specific changes requested.

Dr Poiraudeau highlights the paucity of existing literature as the main limitation of our systematic review and acknowledges that we raise this caveat in our discussion

Reviewer: Nicola Walsh

Major compulsory revisions

1. Dr Walsh requests clarification of our use of implied beliefs. We have clarified in the methods section (pg 7, para 1) that our assessment of implied beliefs was based upon our interpretation of reported or observed behaviours. We have also acknowledged the limitations of this approach in our discussion section (page 14, last line & page 15).

2. We have attempted to combine tables 2 and 3 but this resulted in a large and unwieldy table. On balance, we feel that presenting attitudes/beliefs and behaviours in separate tables results in easier interpretation of data. However, we have included additional headings and revised the presentation of information within the tables as suggested by the reviewer.

Minor Revisions

1. We agree with the reviewer that the combination of percentages could be misleading. We have therefore presented the percentages ranges for vignette-based studies and reviews of actual practice separately (Abstract; Results page 11, para 2).

2. We thank the reviewer for her suggestion to refer to the concept of self-efficacy. However, there are a number of reasons why exercise advice may not be translated into practice other than self-efficacy so we would prefer not to specifically refer to self-efficacy but to retain a brief general discussion of the limitations of merely providing advice to exercise.

3. We thank the reviewer for pointing out this typographical error and have made the suggested change (Methods page 5).

4. Again, we thank the reviewer and have moved the flow-chart (figure 1) from the methods section to the results.

5. We have inserted an explanation of the agreement of working definitions of attitudes, beliefs and behaviours between authors (page 6).
6. We agree with the reviewer that it is unclear whether provision of exercise leaflet should count as advice or prescription. We have clarified that provision of an exercise leaflet was considered to be advice rather than prescription as prescription requires information about the type, duration and frequency of exercise to be tailored specifically to the individual patient in contrast to the general advice provided by a leaflet.

7. We have added a clarifying statement in the text (Results, pg 8) and footnote to figure 1 stipulating that five papers described attitudes/beliefs and behaviours. However, we feel that further reduction of the text contained in the figure would result in lost information that may be deemed important to some readers.

8. We thank the reviewer for her suggestion to condense or remove table 4. However, we feel that assessment of methodological quality is an important component of any systematic review and therefore it is important that the quality assessment information be available to readers.

9. We are unclear precisely what the reviewer would like us to address in this comment. We agree that some clarification of the wide range of response rates is required but feel that our statement that 7 of the 15 relevant studies had a response rate lower than 50% should provide this (page 9). If we have misunderstood this point, we would be grateful if either the reviewer or editorial team could provide clarification.

10. We have inserted columns into tables 2 and 3 to clarify what authors of individual studies described as “exercise” (Tables 2 and 3) although, as discussed on page 13, most studies provide little detail.

11. As mentioned above (major compulsory revision 1), we have acknowledged the limitation of interpreting reported/observed behaviours as implying beliefs in our discussion (pages 14/15).

Discretionary Revisions

1. We thank the reviewer for this suggestion and have added the suggested phrase into the abstract.

2. We have added Boolean operators describing the combination of search terms to table 1.

3. We thank the reviewer for the suggestion to place this work in the context of the Musculoskeletal Services Framework and have incorporated this into the discussion section.

4. We feel that a meta-synthesis of data would a large undertaking which is beyond the scope of this particular work.

In light of the multiple changes above, in particular, the changes suggested to the discussion section, we have re-structured the discussion under four sub-headings: Summary of Results,
Findings in relation to the existing literature and guidance, limitations of this study, clinical and research implications resulting from this study. However, whilst the order of some discussion points has changed, the content has not other than as described in the responses above.

We look forward to hearing from you once again.

Yours sincerely,

Dr E Cottrell
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Dr N Foster