Author's response to reviews

Title: Hypertensive patients' perceptions of their physicians' knowledge about them did not differ between clinics and hospitals: a cross-sectional study in Japan

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Version: 2 Date: 13 April 2010

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April 13, 2010

Dear Editor,

Thank you very much for considering our manuscript for publication in BMC Family Practice. We greatly appreciate Reviewers’ comments and have rewritten our manuscript accordingly. Major changes in the revised manuscript were colored in red. Below, we have addressed to the concerns with point-by-point responses. We also attached a copy of questionnaire used in our study, which is in Japanese.

Yours sincerely,

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Reviewer 1:

This is a very interesting study into the differences between hospital- and clinic delivered primary care, in Japan. Here, because 1) patients have direct access to specialists; and 2) there are inadequate numbers of doctors choosing primary care in clinics, primary care is under-developed.

This study is an add-on to a larger study of anti-hypertensive drugs perceptions of patients. It studied a survey of patients selected from pharmacies, filling out prescriptions for hypertension.

- Major Compulsory Revisions

1. There is no indication of the refusal rate or process of enrolling folk. It is possible that participants would refuse differentially from clinics or hospitals. We cannot know this. The response rate might have been very poor, unless some of these data were collected. At least this should be discussed as a weakness of the study.

Response: We added the comments on this point as a weakness of the study at the discussion section.

2. A big problem is that of confounding of the information. The authors found some important differences in the two groups of patients. This could have affected the final results. They have tried to adjust for this by using multivariate (logistic regression) analysis, but this may not have adjusted for some known confounders, and even unknown ones. In other words the results could be simply spurious. This needs to be acknowledged as well.

Response: We agree that there may be some known and unknown confounders which have not been adjusted for. We included the remark on this point at the discussion section.

- Minor Essential Revisions
1. The paper is well written. However it is clear that the Authors are not English, and some of the idioms are not proper. It would be good to get someone to help them get some finer points of English grammar and phrasing correct.

Response: We had had our first manuscript checked and corrected grammatically by a professional English editor, via EditAveue.com, before submission. We also had our second manuscript seen by another editor to make sure it is written in acceptable English.

2. Tables 1, 2 and 3 are tautologous. There is duplicated information in them. It would make them clearer if the column 'All' was removed (the information can be inferred by adding the 2 subsequent columns). Similarly, the converse of each row (eg for 'male' the 'female') could be removed. This would make the Tables easier to read.

Response: We deleted the column ‘All’ from the Tables 1, 2 and 3 to make them clearer. As we conducted a chi-square test to compare the baseline characteristics of the patients between clinics and hospitals, we consider that it would be appropriate to show the both numbers of male and female in each row.

3. Table 4 is difficult to understand. There is too much information, and this obscures the message. It might be better to delete the univariate analysis (which should be replicating what is in the previous Tables), and limit the Table to the multivariate one alone. Nor do we need p-values as well as 95% CIs.

Response: We deleted the univariate analysis and showed only the multivariate one. The information of p-values was also removed.

Reviewer 2:

This study examines patients’ perception of physicians’ knowledge in Japan. There appears no major difference between clinics and hospitals in this regard. It is an interesting study although the results are not too surprising. I have the following comments:
- The introduction is rather long and could be shortened considerably without loss of information. However, the research question or hypothesis has not been formulated very
well. As an outsider I would not know why there would be a possible difference between clinics and hospitals in the first place.

**Response:** We rewrote the background section and made it more concise. We also put our research question easier to understand for the readers of other fields as well, by adding a comment on the medical reform in Japan.

- Taking only hypertension as a common chronic condition is a bit troublesome. Part of the present results may have arisen by chance. Why not including another common problem such as COPD?

**Response:** We chose hypertension as it is the most common chronic condition in Japanese. We consider our participants could represent to some extent the patients with stable relationship with physicians. However, further investigation in the patients with other common conditions would surely be necessary.

- Japan is a big country and there are many major cities with pharmacies. How was this group of only 13 pharmacies selected and can the authors sufficiently rule out selection bias?

**Response:** Pharmacies were recruited as a convenience sample, although we made the distributions of pharmacies as variable as possible across Japan. We included the comments on this point in the discussion section as a need for further investigation with more pharmacies.

- The statement on sample size calculation on page 6 is too vague. The authors refer to a paper in Japanese that will not be easy to understand by non-Japanese researchers. This definitely needs some elaboration.

**Response:** We elaborated this part to make it more understandable.

- Page 7: was the decision to dichotomize the data prespecified?

**Response:** No, it was not prespecified. We considered it would be most appropriate to dichotomize this way to distinguish the outcome with a clinical point of view. We rewrote this part as well.
- Page 8: although about 800 patients had to be included according to the statistical paragraph, 736 subjects participated of whom only 687 had complete data. What does this mean in terms of power?

**Response:** As we put it in the method section in our revised manuscript, power calculation was conducted for the main part of the whole study which investigated patients’ knowledge of hypertensive drugs. With our 687 data, the power to detect 10% difference of patients’ perceptions between clinics and hospitals (such as 40% vs. 30%) with \( \alpha \) of 0.05 is 0.87 by a one-tailed test, and 0.78 by a two-tailed test, which would be considered acceptable.

- There were differences in the severity of hypertension between the clinic and the hospital patients. It is not clear to me how this was taken into account in the multivariate analysis. But even when this analysis was appropriate, there remains the possibility that this difference could have influenced physicians’ behavior and recollection of certain items.

**Response:** We have taken the severity of hypertension as a variable of ‘Complications (one or more/ none)’ in the multivariate analysis. The result that it significantly affected physicians’ knowledge of past medical history and history of allergy was understandable as you pointed out.