Author's response to reviews

Title: A survey of the management of urinary tract infection in children in primary care

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Author's response to reviews: see over
The Editor  
BMC Family Practice  
BioMed Central  


Re: MS: 1016228516295224  
A survey of the management of urinary tract infection in children in primary care  
Kieran Kennedy, Liam G Glynn and Brendan Dineen

Thank you for your reply to the submission of the above article. We are pleased to submit a revised copy of the above paper for review for publication within the suggested time-frame.

This study is very significant in that it highlights the variation in practice that exists amongst family doctors dealing with urinary tract infection in children, which is a condition that can have very serious consequences if it is not appropriately managed.

We found the reviewers’ comments and suggestions most helpful and insightful and have set out our response to those below and revised our manuscript accordingly. We have no doubt but that the comments of the referees have significantly improved the paper. On the next pages, reviewers’ comments are in italics and inverted commas and our response follows each comment.

Many thanks for your help and I look forward to hearing from you.

Yours sincerely,

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Reviewer 1: Dr Tej Mattoo

“Change title to indicate that the survey relates to GP's understanding of NICE guidelines in the management of UTI in children. You could say something like “General practitioners and the NICE guidelines” or something like that?”

The title of the study has been changed, as suggested, to indicate that the survey relates to GP’s understanding of the management of urinary tract infection in children in the context of the NICE guidelines on the subject. The new title reads “A survey of the management of urinary tract infection in children in primary care and comparison with the NICE guidelines”.

“Define family doctors and GP registrars because most people outside UK would not know what that means?”

In order to avoid any ambiguity, we have chosen to remove the term “family doctors” from the article and, instead, use the term “general practitioners”. We have also removed the term “GP registrar” and we agree that most people outside of the UK and Ireland may not know what that is. We have substituted the term “Trainee General Practitioner”.

“Diagnosis: Poor growth is not a risk factor for UTI, could result from recurrent UTI”

We agree that poor growth is not a risk factor for urinary tract infection. We have removed this statement in the revised article.

“Discussion: need to make clear that this study is not about how family doctors manage UTI (see last sentence on page 11, first sentence of Conclusion) but how much they practice the NICE guidelines.”

This study does examine how general practitioners manage urinary tract infection in children in the light of the NICE guideline on the subject. The participants were asked questions which were specifically designed to evaluate how their practice complies with the recommendations of the NICE guideline. As suggested, the title of the article has been changed to help emphasize this. As well as this, the first sentence of the conclusion has been changed. It now reads: “This research highlights the considerable variation in the management of UTI in children in primary care in the context of the NICE guideline on the subject”. In addition to this, a new sentence has been inserted in the ‘Strengths and Limitations’ section which reads: “It is important to note that the present study specifically investigated how general practitioners follow the NICE guideline in their approach to UTI in children.”

“Page 3, 2nd line on “Background”: delete “had””

Page 3, 2nd line on “Background”: word “had” deleted as suggested.

“authors understanding that the NICE guidelines are controversial though the study is not meant to evaluate the guidelines itself”

We fully acknowledge that the NICE guideline on UTI in children has yielded considerable controversy since publication and it has been criticised by many experts in the field, however we appreciate your recognition that the present study is not meant to evaluate the guideline itself.
We acknowledge that the small number of respondents as a limitation. This is acknowledged in the article itself – see “strengths and limitations”. However, we are satisfied that a response rate of 72% is a real strength in such a community based-study where response rates are typically poor very promising.

Reviewer 2: Dr Ubirajara Barroso Jr.

“Howeaver, I feel that the questionnaire is an essential component in this type of study and should have been included.”

We agree that the questionnaire is an essential component in this type of study. It was included in our submission to BMC Family Practice, and will be available to all readers of the final publication as an additional document. We agree that careful structuring of the questions is of paramount importance in assuring unbiased answers. The questionnaire design began with an extensive literature review on the topic. A draft questionnaire was produced. This was rigorously examined and adjusted over the course of a number of meetings with expert advisors. It was then piloted on a sample group representative of the population which was to be studied. Particular care was taken to ensure the questionnaire was visually appealing and had clear instructions and appropriate content in order to increase the response rate.

“Although NICE recommends the clean catch, I would like to underline the fact that this technique is somewhat controversial and that free catch is not always possible in this population. I believe that it is not a poor choice to employ a bag collection for dipstick and fast microscopy while subsequently resorting to urethral catheterization when the tests are positive.”

We agree that some recommendations in the NICE guideline are controversial. However, as pointed out by Reviewer 1, the present study was not designed to evaluate the guideline itself, but rather to examine family doctors practice in the context of the guideline. We have made revisions, recommended by Reviewer 1, in order to make this clear to the reader. We agree that the use of a clean catch specimen is not always possible, and we did highlight previous research that demonstrated parents dislike of this technique.

“Moreover, I concur with the emphasis these papers place upon the necessity of educating physicians about the short term use of antibiotics for low UTI.”

We strongly agree with importance of educating doctors about appropriate duration of antibiotic treatment for lower UTI. We hope that this paper will encourage doctors to reflect on their practice in this regard.