Author’s response to reviews

Title: Perceptions of hypertension treatment among patients with and without diabetes.

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Version: 2 Date: 30 November 2011

Author’s response to reviews: see over
Cover letter: We would like to thank the reviewers and editor for their helpful comments. Our response is as follows.

**Reviewer's report 1** No response needed

**Reviewer's report 2**

Title: A Qualitative study of attitudes to hypertension treatment among patients with and without diabetes.

Version: 1 Date: 23 October 2011

Reviewer: Yadlapalli Kusuma

Reviewer's report:

1. Is the question posed by the authors well defined?

The study is to understand beliefs, attitudes and coping mechanisms of patients with hypertension among diabetic and non-diabetic patients. However, it missed a solid hypothesis or research questions. Also, it failed to show how beliefs/attitudes of patients influence the treatment behavior and coping mechanism of the patients.

A: A qualitative study is designed to generate hypothesis. The following research question has been added "The aim of this study was to gain a deeper understanding of the beliefs, attitudes and coping mechanisms of patients with hypertension. We also aimed to examine the differences between males and females, and between younger and older age groups, and the differences between those who had an additional, more severe chronic disease – diabetes – and those who do not, in regards to hypertension and its treatment.

2. Are the methods appropriate and well described?

The selected method i.e., FGDs is appropriate, and the authors described the way they have selected the sample for FGDs.

3. Are the data sound?

It is difficult to comment on this as I am not sure about the data saturation.

Authors conducted one focus group each for the set criterion of selection/grouping, which may not be sufficient.

A: We have enhanced the method section to include more information on data saturation.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
The paper is based on qualitative data collected through focus group discussions. Authors could present the data analysis process very clearly. Authors followed the standard of reporting data collection and reporting of qualitative data.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

The discussion and conclusions need to be supported by the data. Results should be more structured. The Results part needs reworking and it is to be rewritten.

A: We have rewritten most of the result section.

6. Are limitations of the work clearly stated?

The authors stated only few limitations. The methodological limitations need to be acknowledged. Authors should talk about limitation in terms of collecting data merely based on focus groups (rather using both quantitative and qualitative/battery of qualitative methods). Also, authors need to speak about data saturation, which is important in qualitative research.

A: this has now been addressed better in the method section

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

Yes

8. Do the title and abstract accurately convey what has been found?

Title needs modification. The terms - perceptions and management of hypertension may be included in the title rather than attitudes.

Title changed to "Perceptions of hypertension treatment among patients with and without diabetes"

9. Is the writing acceptable?

Acceptable.

Additional Comments:
The present study is carried out to gain an understanding of beliefs, attitudes and coping mechanisms among hypertension patients with and without diabetes. The participants were randomly selected from hypertension registry available, to include in the focus groups. Ten focus groups discussions were held. At the outset the authors have conducted one focus discussion for the set criteria to maintain homogeneity of the group based on age group, gender and diabetic status. It is expected to conduct more focus group discussions in each category till the data saturation is attained. Generally the numbers not pre-decided, but continued till the saturation is attained. Hence, the authors should address this issue during revision. Also, the limitations of the study should also be mentioned in the revised manuscript. (Major compulsory revisions)

A: This has been addressed in the methods

The authors need to relook at the data to provide more support to the inferences drawn. At present, the results are discussed; and it appears that the discussion is influenced by researchers own views and interpretations than based on the study results. Also, this is one of the risks in reporting qualitative research. Hence, a thorough relooking into the data is required to present the results to support the inferences/conclusions drawn. Whatever has been concluded needs evidence from the results. Authors need to take care to present the results with quotes supporting the inferences drawn. (Major compulsory revisions)

A: We feel that repeating the quotes in the discussion would make the paper more difficult to read. As we described the data analysis was conducted in a systematic manner by experts in the field and all conclusions are based on these analyses and not on the personal opinion of the authors. We have added another reference that explains the methodology.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Reviewer 3: Reviewer: Sheldon Tobe

The paper as written does not advance the field. The rational is given for the study objectives but as below, must be clearer. The hypothesis examined is important as there remains a significant treatment gap to achieve 80% or better blood pressure control. The study was a qualitative one. The methods section needs revising to be clearer. Similarly the method of data analysis should be more clearly described.

Performing focus groups on affected patients to understand the reason for the treatment gap is important and this methodology can hopefully identify hypotheses that can be tested with the goal of achieving better blood pressure control.

Major comments

Please review and use spell check. There is a serious lack of basic grammar and sentence structure: (ie: incomplete sentences, run on sentences, missing words, awkward phrasing, poor sentence structure & word choices, inconsistencies in verb tense). There are many instances of random sentences which do not add anything to the context or overall manuscript. They are out of context, irrelevant, or simply stated, but not related to any surrounding sentences, or data.

A: The manuscript has been reviewed by a native English speaker.

The following was missing from the discussion:

What were the findings between age groups & gender groups?

Resources were put into having separate focus groups, but the findings were never discussed.

A: We found no major differences between age and gender groups. We have modified the paper to reflect this.
There does not seem to have been questions related to why patients feel the way they do about blood pressure management.

The authors focused a great deal on comparing/contrasting people with diabetes to those without diabetes. What about differences in responses depending on gender and age groups. If no significant differences were found between gender and age, then this should be stated.

A: Answered above

Regarding the need to conduct this study, the background/context within current literature is weak and should be expanded.

A: We have enhanced the literature review according to your recommendations.

The research goals need to be explicitly stated. The methods need to be described in greater detail. Regarding the role of the software, what process was followed to yield the analysis and results?

A: This has been done

Many minor editing changes are needed.

Abstract

1. Intro: sentence about focus groups should be in methodology.

A: This has been changed

2. Results section requires rewriting extensively

A: This has been changed

3. Conclusion. Conscious active choice (as compared to an unconscious active choice?)

A: Modified

Risk factors – this is the first time this is mentioned and manageable disease process. As hypertension is both a risk factor and a manageable disease process these terms should be clarified. What are the cumulative effects discussed?

A: The words risk factor, cumulative effects and manageable have been removed

Introduction

1. First paragraph. The jurisdiction for the evidence quoted should be noted,
is United States, Europe etc. Again, 29% of which population? Which jurisdiction has control rates of 50%? Suggest revising the last sentence in the paragraph.
A: rewritten

Paragraph 2. Consider defining a drug holiday. Since problems at the health provider and the health system level are never mentioned subsequently, I would state here 1) that the focus will be on the problems at the level of the patient 2(why the researchers chose to focus at this level.
A: rewritten

Paragraph 3. Patient denial – Suggest rewriting this sentence.

References 12 and 13 are cited but it is not clear what these articles reported. This paragraph can use revising.
A: this has been rewritten with a new reference

The following would be useful to discuss in the introduction.
-what is already known about patient perspectives, coping mechanisms
-Are you the first group to study this?
-Clearly define the gap in the literature
-it is stated that patient adherence is complex, and 3 broad levels of factors affecting BP control were identified: 1)patient 2)health provider 3)health system.
This study focuses on 1 of 3. Why did the researchers choose to focus on #1?
A: The above points have been addressed
-given the issues at the level of 2 and 3, is it fair to say that understanding 1 will help the provider and the system to increase adherence to treatment? What about addressing physician’s failure to adhere to treatment guidelines, problems in pt.-physician communication, lack of training/skills in lifestyle counseling, time constraints? What about availability of med. services, medication cost, poor patient education?
A levels 2 and 3 are not within the scope of the paper and we have clarified this.

Methods

Population selection. Were any exclusion criteria used? Was a stratified sampling used for patient selection based on age, sex and diabetes? Why was the lower age cutoff 41? What kind of physician participated with respect to blood pressure knowledge? We notes taken in addition to the audiotape recordings? This should be explained in the methods. How was the strength of consensus for each topic assessed? Software maker, company name, city/country? What does disconfirming evidence refer to? Does the data lead to themes? Has a hypothesis been developed that I being proven or disproven? What is mean by deviant cases – outliers? Suggest revising the sentences for readability.

A: All these points have been addressed in the methods.

Results

86 patient, but how many were contacted and was a decision made to refuse some entry into the study? How many participants were chosen? what was the response rate from the phone invitation? Do the participants know why they have been contacted for the focus group? If so at what point are they told, at the telephone interview, during the session? At the beginning of the focus group or at the time of the second topic guide?

A: All this has now been addressed.

What test was used to determine the highest ranking code? Is this data shown? How does it compare to the others.

A: addressed

Again, the sentences can be rewritten for easier readability.
A: Done

Why was the assumption made that there would be a gender difference? Is there literature to show this? If not, this is likely a hypothesis that can be tested. Perhaps this should come in the methods section. What is it important to study a gender effect in this study?

A: We decided to conduct separate groups for males and females specifically to be able to discuss freely the issue of impotence as a side effect of the medication. We have addressed this in the text.

Which parts of the study are inductive vs deductive? The group has put effort/resources into having separate focus groups for men/women, with separate psychologists running them. Would be worthwhile to consider effects of gender differences other than medications differential effects on sexual function.

Perhaps the perspectives of men/women differ due to psychosocial reasons, or differences in ‘self care giving’? What is mean by less of a disease? The sentence about explanation received – who is this referring to? The sentence about the time bomb, is this words that the patients used?

A: Addressed

Patient modes of management, are these drawn from the literature or extracted from the focus groups?

A: explained in the text

A minority of patients, what % is this referring to?

A: As this is a qualitative study the exact proportion is not relevant- only the fact that it was a rare point of view in all groups.
There is a mention of overestimating the effects of stress, I think the authors are making the point is self-adjustment of drug dosing based on perceived ability to gauge BP but the point here has to do with a lack of understanding about maintaining consistent levels of medication in the body via regular dosing.

A: Agreed. Thank you for this comment.

Discussion

Please define what is meant by the chronic damage caused by hypertension.

Discussing non-adherence as a type of gamble, what is the patient’s understanding of hypertension treatment? Do they not believe that treatment (meds + lifestyle) improves ‘chances’? do they feel that their ‘odds’ in the ‘gamble’ can be modified/improved by following treatment regimes? How does this study add to the recent qualitative study reference 20? The following sentence: “Finding better ways of communicating with patients regarding hypertension treatment, and particularly in relation to lifestyle changes is essential” seems out of context as a paragraph. Suggest deleting or expanding the idea. What findings in your study support that there might be communication issues?

A: all of these issues have been addressed as we rewrote this section taking into account the reviewers valuable comments.

Conclusion: the sentence beginning with Patient denial of ...is copied from an earlier section. Suggest rewording.

A: done

References: the references are formatted inconsistently. Reference 18, what is this referring to? A website?

A: fixed.
EDITOR'S COMMENTS:

Please provide a better elaboration of the aims of the study into a proper research question, that should be leading for the results section. Furthermore, attention should be paid to the question of saturation. Based on which decisions is decided that the ten focus groups have revealed all the beliefs and attitudes important to answer the research question.

A: This has been addressed. Details are in responses to reviewers' concerns.

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EDITORIAL REQUIREMENTS:

Please make the following formatting changes during revision of your manuscript. Ensuring that the manuscript meets the journal's manuscript structure will help to speed the production process if your manuscript is accepted for publication.

1. Requesting CONSENT statement:

Please state in the Methods section whether written informed consent for participation in the study was obtained from participants or, where participants are children, a parent or guardian.

A: addressed in methods section

2. RATS - Please revise your manuscript so that it conforms to RATS guidelines. Details of these guidelines can be found at (http://www.biomedcentral.com/info/ifora/rats.) and please indicate in your cover letter how you have done this.

A: Most of the RATS guidelines are now addressed in the paper
.3 Title page: Please ensure that the title page in the manuscript file should, IN THE MINIMUM, contain; Title, Author list, Affiliations (department names, institution name, street name, city, zip code, country), email addresses of all authors. The author list and email addresses must be identical in the manuscript file and on the submission system, and it must be clear which affiliation pertains to each author.

*** Please remove the word count, "one table" from your title page as well as statements pertaining to competing interest, ethics, author's contribution, acknowledgments and funding, etc.
A: Done

.4 ETHICS: Please move the statement on ethical approval to the Methods section of the manuscript and remove it from the Title Page.
A: Done

.5 Competing interests: Please include a 'Competing interests' section after the Conclusions. If there are none to declare, please write 'The authors declare that they have no competing interests'. Please check the instructions for authors on the journal website for a full list of questions to consider when writing your competing interests statement.
A: Done

The instructions regarding the table were not clear to us. You wrote that no vertical lines or text are allowed. However this is a text table so we were not sure what to do and for the present it is unchanged. Please advise

Yours Sincerely

Dr Anthony Heymann

***Please remove the competing interest statement from the Title Page.