Author's response to reviews

Title: Unmet needs of patients with chronic obstructive pulmonary disease (COPD): are we listening? A qualitative study on patients and doctors.

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Version: 4 Date: 3 February 2014

Author's response to reviews: see over
3 February 2014

Dear Jhonell De Los Santos and the editorial board of BioMed Central,

Please find enclosed the revised manuscript:

MS: 3522421629788493

Unmet needs of patients with chronic obstructive pulmonary disease (COPD): are we listening? A qualitative study on patients and doctors.


We have made changes to the manuscript according to the editorial comments as attached in the next page. All co-authors have seen and agreed with the revised contents of the manuscript. We hope the changes made satisfactorily addressed the editors’ concerns.

Thank you.

Sincerely yours,

[Signature]

Dr Nurdiana Abdullah on behalf of the authors,
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<table>
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<th>Comments</th>
<th>Reply</th>
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<tbody>
<tr>
<td>1.</td>
<td>The analysis procedure stays unclear, especially because of the sentence on page 7 line 2-4: &quot;A combination of both inductive and deductive approaches was used in data analysis, whereby the ....&quot;. The authors should explain this better (how this links with the thematic analysis) or skip this sentence.</td>
<td>We have removed the sentence: &quot;A combination of both inductive and deductive approaches was used in data analysis, whereby the theoretical framework was informed and revised by the process of coding&quot; from page 7, line 2-4.</td>
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<td>2.</td>
<td>Page 15 line 17 'due to' instead of 'due'</td>
<td>We have amended as below:</td>
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<td></td>
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<td>Page 15, Line 21</td>
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<td>They reasoned that this was due to patients’ poor knowledge about their disease.</td>
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<td>3.</td>
<td>The authors should comment in the discussion on the aspect of 'lack of resources and of access to spirometry, because this aspect can be contradictory to a good diagnosis of COPD.</td>
<td>We have added in the discussion section:</td>
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<td>Page 18, Line 8-13</td>
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<td></td>
<td>Another contributing factor to mislabelling is the difficulty in making a definitive diagnosis of COPD. Most primary care clinics in Malaysia do not have spirometry equipment and referral to hospital is required for confirmation. These findings indicate the importance of providing access to spirometry for an accurate diagnosis to be made. This will allow patients to have a better understanding of their disease.</td>
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<td>4.</td>
<td>In the discussion the authors state 'we believe that COPD may be one of the few conditions where self-management approaches may be of limited benefit’. If it is just a belief, that this is a rather dangerous statement. The authors should better explain why self-management can be of limited benefit- such as the need for a favourable context : patients have to increase their knowledge and awareness of COPD, which could lead to a higher level of self-efficacy. Empowerment and self-efficacy are important on this level, but perhaps limited from the local current culture in Malaysia. In the discussion now only the improved access to health care is proposed as the only solution. This issue and the other solutions need some further consideration in the discussion&quot;</td>
<td>We have revised the text accordingly:</td>
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<td>Page 19, Line 10-14</td>
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<td></td>
<td>COPD may be a condition where self-management approaches differ according to the severity of patients’ illness. Although many of the patients expressed reluctance in self-management, one patient in this study did self-manage his COPD. An increase in knowledge and awareness of COPD may lead to better patient empowerment and self-efficacy.</td>
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