Author's response to reviews

Title: Awareness, agreement, adoption and adherence to type 2 diabetes mellitus guidelines: a survey of Indonesian primary care physicians

Authors:

Indah S Widyahening (indah_aribowo@yahoo.com)
Yolanda van der Graaf (Y.vanderGraaf@umcutrecht.nl)
Pradana Soewondo (soewondops@yahoo.com)
Paul Glasziou (pglaszio@bond.edu.au)
Geert JMG van der Heijden (Geert.vander.Heijden@acta.nl)

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Author's response to reviews: see over
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To Editor

BMC Family Practice Journal

Dear Editor,

Thank you for providing us with positive feedback concerning manuscript entitled “Awareness, agreement, adoption and adherence of physicians to type 2 diabetes mellitus guidelines in Indonesia”. Please find enclosed our revised manuscript which we hope adequately address the reviewers’ comments.

The detail of our responds to the reviewers’ comments is also attached. We hope that this manuscript could be further processed for publication in your journal.

Sincerely yours,

Indah S. Widyahening, MD

Faculty of Medicine University of Indonesia

Also on behalf of all the co-authors
Responds to reviewers’ comments.

Reviewer 1: R. Erandie Ediriweera de Silva

Minor Essential Revisions

Methods

1. P2, 1st paragraph – the following section is not clear, Please rephrase.

“adoption (i.e. follow in general in the appropriate patients; always/more than half/less than half/Never)”.

Has been rephrase in to the following sentence:

adoption (i.e. the recommendation is being followed in general in the appropriate patients; always/more than half/less than half/never).

Results

2. P4, paragraph 5 under results. Please rephrase this sentence.

“We did not performed statistical analysis on the adherence to screening as we found too few adherent (7 events)”

Has been rephrase in to the following sentence:

We did not perform statistical analysis on the adherence to screening as we found too few adherents (7 events).

Discussion

3. P5, 2nd paragraph under discussion. - This sentence can be rephrased as follows for better readability.

There was high awareness among respondents on the need for screening of those without diabetes symptoms for type 2 diabetes risk factors.

Has been rephrase in to the following sentence:

There was high awareness among respondents on the need for screening for type 2 diabetes risk factors among those without diabetes symptoms.
4. P6, paragraph 5 -

Adherence to actions recommended in guidelines may require organization and is facilitated when tools are in place to put the recommendations into practice.

Has been rephrase in to the following sentence:

Adherence to actions recommended in guidelines may require practice organization. Besides, adherence is facilitated when tools are in place to put the recommendations into practice.

5. P6, paragraph 5 -

Our data reveal that adherence to all the recommendations was quite low (<50%) participants did not implement a system to promote and monitor that recommendations are followed in their practice.

Has been rephrase in to the following sentence:

Our data reveal that adherence to all the recommendations was quite low since less than 50% responders did not implement a system to promote and monitor that recommendations are followed in their practice.

6. P6, paragraph 6 -

Our findings on the low adherence of the recommendation on screening and diagnosis may explain why, as has been reported by the Indonesian Ministry of Health [2], that two thirds of the diabetes population in Indonesian remain un-diagnosed.

Has been rephrase in to the following sentence:

Our findings on the low adherence of the recommendation on screening and diagnosis may explain why two thirds of the diabetes population in Indonesian remain un-diagnosed.

7. P7, Conclusion -

Our study shows that while In Indonesian a majority of the diabetes population remain undiagnosed, many patients diagnosed with diabetes remain in poor glycemic control, and high awareness of the Indonesian type 2 diabetes guideline doesn’t lead to adoption or adherence to its recommendations.

Has been rephrase in to the following sentence:

Our study shows that high awareness of the Indonesian type 2 diabetes guideline does not always lead to adoption nor adherence to its recommendations. The production and dissemination of guidelines alone is not sufficient to ensure that research evidence gets into practice. The awareness-
to-adherence model helps in identifying the area which need further intervention to improve the use of guidelines.
Major Compulsory Revisions

Background

Page 4, references need to provided for ‘diabetes being a complex condition’ and a reference for ‘diabetes being a emerging health problem in Indonesia’.

The authors also refer to international diabetes guidelines – again references need to be provided to make it clear as to which international guidelines they are referring to here.

Respond:

References have been added as requested.

It would useful to the read if the authors included a sentence on whether similar studies have been carried out in other countries. At the moment, it’s difficult to understand the need for this study, what the study adds and how future research can benefit from the findings?

Respond:

It has been described in the following paragraph,

Several surveys have shown that the adherence varies per guideline recommendation.(11-15) Barriers to guideline adherence have been identified, including the inability to access guidelines and physicians’ attitude and belief toward the guidelines.(16) Pathman et al. reported that for the consistency between patient care and guidelines recommendations, physicians must be aware of, agree with, decide to adopt (i.e. decide it is appropriate and feasible to use in their own practice), and adhere to the recommendations (i.e. actually follow them for appropriate patients at the appropriate time).(17, 18)

The authors claim to have developed a questionnaire but do not provide any information on why they did not carry out any psychometric testing which is crucial when developing a questionnaire. Or was it that they modified an existing questionnaire? This needs to be clarified in further detail together with a justification for psychometric testing was not carried out.

Respond:

It has been described in the following sentences,

Based on the evaluation of hypertension guidelines questionnaire by Heneghan et al. (19), we developed a similar questionnaire centered on items in the Consensus on the Management of Type 2 Diabetes Mellitus 2011 by the Indonesian Society of Endocrinology.
We also think that pilot testing of the questionnaire with a small number of GPs before finalization is adequate to ensure the validity of the questionnaire. A psychometric testing would not be necessary as we aim to measure the rates (proportion) of each item in the questionnaire without combining any item for measurement.

The recruitment strategy needs further clarity. The questionnaire was administered to primary care practitioners at an annual conference. More detail needs to be provided on how the questionnaire was administered to primary care practitioners at the conference and why was this deemed an appropriate place to recruit practitioners as oppose to approaching them at their practices? Was the questionnaire administered face-to-face? Or was it included in the delegates pack?

Respond:

It has been explained in the following paragraphs,

The final questionnaire was distributed to all physicians attending the Indonesian Association of Family Practitioners annual conference on November 2012 in Jakarta, Indonesia. The questionnaire was put in the delegates pack and submitted by the responders while getting their certificate of attendance. (Methods, questionnaire design and data collection, last paragraph)

Obtaining representative samples from the large number of Indonesian GPs, exceeding 70,000, who are distributed over the archipelago possess challenges for our type of research. Recruitment of responders among those attending a conference in Jakarta (capital city of Indonesia) was seen as more practical although it might not represent physicians who do not have opportunity to attend such meeting. However, our responders represent GPs from all parts of Indonesia. (Discussion, strengths and limitations of the study, 2nd paragraph)

A section on the limitations of the study needs to be included in the discussion.

For example, what are the limitations of using a questionnaire? What are the limitations of the recruitment strategy? What would a mixed methods design have added? Or even a qualitative study design?

Respond:

A section concerning the strengths and limitations of the study have been added in final part of the discussion.

More consideration needs to be made for the clinical implications of this study findings as well the implications for future research. E.g. would Indonesia benefit from a system like the Quality and Outcomes Framework (QOF) that’s currently in place for primary care practitioners in the UK?

Respond:
It has been explained in the final paragraphs of the discussion section,

The awareness-to adherence model may help to identify GPs’ specific concerns with recommended practice changes. If uptake of a specific recommendation is low, qualitative approach to the concerns and barriers might be useful. Implementation of a quality assurance system which could further illustrate the care being received by diabetes patients in relation to the clinical outcomes is believed to be beneficial to promote adherence to guideline recommendations and increase the quality of diabetes care.(25)

Minor Essential Revisions

Background

The authors need to define and describe the difference between type 1 and type 2 diabetes. Perhaps even consider abbreviating the term type 2 diabetes using (T2D or T2DM).

Respond:

We hope the following sentence would sufficient,

Type 2 diabetes, as opposed to type 1 diabetes which is less common in the region, has been recognized as an emerging health problem in Asia Pacific, including Indonesia. (2, 5).

We also avoid abbreviation of type 2 diabetes in conform to the recommendation of the American Diabetes Association.

It would be helpful if the authors could justify why they did not assess knowledge of the diabetes guidelines.

Respond:

Knowledge was assessed through awareness to the selected guidelines’ recommendations.

Results

Missing data

With 15% missing data for respondent characteristics, why did the authors choose to impute data using mean or median as appose to regression imputation?

Respond:

We chose to apply this particular threshold to the missing data,
For respondent characteristics with up to 15% missing data, we used conditional imputation, imputing the mean or median; with more than 15% missing data we used multiple imputation. (Methods, analysis and coding of data, last paragraph).

For an international audience – it would be helpful if the authors could define what they mean by ‘solo practice’ and ‘practiced in Java’.

Respond:

It has been clarified in the following sentences,

Characteristics of the GP respondents are presented in Table 1. The higher proportion of them were female (68%), doing a solo (individual) practice (54%), practice in Java-the most populated island in Indonesia (72%) and had participated in diabetes management training (64%).

Typo – first paragraph – Adherence to screening has (had) no missing data....

Respond:

It has been revised in to the following,

Adherence to screening had no missing data, while the proportion of missing data for adherence to statin was highest (10%).

Discussion

Paragraph 2 – what do the authors mean by ‘random blood glucose’? Are they referring to HbA1c? This needs to be clarified.

Respond:

“random blood glucose” has been modified in to “random blood (plasma) glucose”

Re-write: the word ‘ apparently’ to discuss the study findings. Please consider another word e.g. the majority of our respondents believed it was more appropriate....

Respond:

It has been revised in to the following,

The majority of our responders believed it is more appropriate to examine patients with classic diabetes symptoms with a fasting plasma glucose test and 2-hour post-prandial plasma glucose test.
Paragraph 5 – typo in the last sentence. The word ‘participants’ is used instead of ‘respondents’.

Respond:

It has been revised in to ‘responders’.

The last sentence on the study response rate needs to be moved to the results section.

Respond:

The last sentence concerning the study response rate actually compare the response rate in our study with other study (Mickan, et al). We think it is more appropriate to be placed in this section.

Conclusion

Typo e.g. In Indonesian – should read in Indonesian.

Doesn’t – ‘does not’ would be better.

The first sentence needs to be re-phrased highlighting the key findings and messages of this study. Again, the authors need to consider (a sentence) on the clinical implications of the study findings as well the implications for future research.

Respond:

It has been revised in to the following,

Our study shows that high awareness of the Indonesian type 2 diabetes guideline does not always lead to adoption nor adherence to its recommendations. The production and dissemination of guidelines alone is not sufficient to ensure that research evidence gets into practice. The awareness-to-adherence model helps in identifying the area which need further intervention to improve the use of guidelines.