Author’s response to reviews

Title: The handling of urinary incontinence in Danish general practices after distribution of guidelines and voiding diary reimbursement: an observational study

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PDF covering letter
Reviewer's report
Title: The handling of urinary incontinence in Danish general practices after distribution of guidelines and voiding diary reimbursement: an observational study.

Version: 1

Date: 14 April 2004

Reviewer: Katherine N Moore

Reviewer's report:
Overall an interesting survey that adds somewhat to the information we already have on the use of clinical practice guidelines. The paper needs further development before it will add to the current literature -- eg including subjective responses on impressions of the CPG and why or why not they are utilized would help others when attempting to implement a CPG. There are many typos which need correcting.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

The manuscript requires text editing and correction of punctuation, use of apostrophe, etc. The text has been edited accordingly

BAckground: paragraph 1, 'optimal management of UI INTERnationally...' The text has been edited accordingly

Materials & methods: paragraph 3 requires editing -- is repeated from paragraph 2 The text has been edited accordingly

paragraph 4 & 5: delete or expand on the payment numbers 2138 and 97. These do not add anything concrete to the text. The text has been edited accordingly

Statistics: change 'was' to 'were' The text has been edited accordingly

Results: expand re: questionnaire -- disappointment, satisfaction. Give statements to support findings in questionnaire. The text has been edited accordingly

None of the statistical tests are reported, presumably because the data was descriptive only. The text has been edited accordingly

Last question asks for suggestions but these are not reported. The text has been edited accordingly

Prescriptions: seems to be Figure 1 not 2 that authors are referring to. We agree, Figures 1 and 2 were unfortunately exchanged in the submission.

UI consultations: why was clinic closed? Due to budgetary consideration did physicians know it was going to close? Yes, perhaps this influenced their referrals. Add information about this in the discussion section. The text has been edited accordingly

Figure 3 does not provide complete information re: years 2000 or 2002 to allow comparison. We disagree since figure 2 and 3 have the same timeline and figure 1 can only have prospective data from the onset of the reimbursement and this period was part of the timeline in figure 2 and 3.

Patient reimbursement: this section is unclear as it is not addressed in the literature review. As far as we know reimbursing diapers etc. is a rather unique situation for
Denmark and we have not been able to identify relevant references in the literature to compare with.

Discussion: limitation of the questionnaire was that it did not ask why GPs did or did not use the CPGs. We agree and have addressed that in the discussion.

Questionnaire:
Paragraph 1: the findings from this study need to be put in a larger context. A 54% response rate is quite high; how does this compare to other countries. Last sentence of paragraph missing were 'but were not available' -- this sentence sounds very judgemental -- reword. The text has been edited accordingly

Personal communication: ? appropriate for an academic paper. This is not optimal, but is the only reference we have been able to identify for this important statement and it is followed by other published references within the same area.

Paragraph 2 In the discussion of the Dutch GPs, add more information -- how surveyed, how was lack of use assessed. Why would groups keep producing them if no one uses them? These questions cannot be sufficiently answered from the references.

Paragraph 3: sentence 3 contradicts above paragraph -- widely used? The text has been edited accordingly

Meta-analysis re: cost -- the insertion of cost analysis does not fit here. The study did not assess cost effectiveness nor was it discussed in the lit review. The discussion around reimbursement throughout the paper does only aim to identify the change of attitude for the GP as well as the UI patient. This manuscript does not aim to identify the overall cost for the health care system or for the patient.

Fluid Intake paragraph 1: sentence 3, 'did NOT use' or did use. It appears that the GPs did use this method. We believe the current text does discuss the potential different ways for the data to be interpreted.

Further research should survey the 795 GPs 1998-1999.

Prescriptions: paragraph 1, second to last sentence: insert 'the effectiveness of TCA' to read conducted in the effectiveness of TCA in patients with UUI? We are in doubt as to what the reviewer is referring to. We believe the current text reads well.

UI Consultations: the outpatient clinic requires more description and discussion on why it was closed. The text has been edited accordingly

Patient reimbursement:
Discuss reimbursement in the lit review/background to study. See above comments

Paragraph 2 -- clarify wet smear. Is this a Pap smear? yes

Last sentence -- expand the discussion on the use of nurses and provide some rationale. IE are the GPs too busy to address UI? engaging nurses is an excellent idea in primary care but insertion of these two sentences without discussion leaves the ideas dangling. The text has been edited accordingly

Conclusions: ? PCPs disease management? We believe this research does not allow for any solid conclusion about the management and prefer to maintain the current soft conclusion.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published
Statistical review: No
Declaration of competing interests: None