Author's response to reviews

Title: General practitioner attitudes to the care of people with epilepsy: an examination of clustering within practices and prediction of patient-rated quality of care.

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Responses to reviewer’s comments

Thank you for the review of this paper. The points raised by the reviewer have been addressed and the manuscript amended accordingly.

**General**

1. The reviewer raised the issue of discriminating between individuals with “controlled” and “uncontrolled” seizures when examining attitudes.

   In this study a three-category measure of seizure frequency was used (from the most widely used quality of life measure in the UK). Those individuals with no seizures in the previous year (54% of total) could be classed as having “controlled” seizures with those who have had a seizure in the previous year (other 2 categories) classed as having “uncontrolled” seizures.

   Although patient ratings of the quality of care do vary according to whether individuals have controlled or uncontrolled seizures (and this has now been highlighted in the manuscript-page 8 and page 9) at practice level GP attitudes are not related to seizure frequency. It is however not possible to disentangle whether individual GP attitudes vary by whether individuals had controlled or uncontrolled seizures as nearly all general practitioners will see a mix of individuals with “controlled” and “uncontrolled” seizures in a given year. Their attitudes to the care of people with epilepsy will be influenced by this spectrum of epilepsy severity (and often to a greater extent by other factors including significant events with individual patients). This has been discussed on Page 11.

2. Ethical consideration. The comment made by the referee on the value of educational intervention is not disputed. The aim of our argument in the discussion was to highlight that more effort should be made to incorporate recognising and changing GP attitudes in any educational intervention rather than shifting the focus from educational interventions. The text has been clarified accordingly (Page 9). It is clearly important to acknowledge that medical and surgical treatment is crucial. However even in this arena, given problems with patient compliance and limited resources, it is important that GPs have a positive attitude to encourage and support patients in their treatment.

3. Informed consent from all patients and ethical approval was obtained from relevant ethical committees in the 4 areas of Greater Manchester from where patients were approached. This has been clarified in the methods section (Page 5).

**Major compulsory revisions**

1. Importance of acquiring educational or skill related knowledge. This is a valid point. As noted above (point 2) the intention was not to demote the importance of acquiring educational or skill related knowledge but to suggest an additional refinement of approach which may make acquisition of this knowledge more effective. We have revised the manuscript to clarify this point (page 11-12) and have added additional references as suggested by the reviewer to the discussion(Refs 17, 18, 19).
Minor compulsory revisions

1. The attitudes scale was developed and validated for a previous study and results reported in an earlier paper (Thapar et al. 1998). The attitudes were based on GP interviews and on the scientific literature on epilepsy care (e.g. Thapar, British Journal of General Practice, 1996), on measurement of attitudes and the relationship to behaviour change. This has been clarified in the manuscript (Page 6).

2. The methods section has been rewritten (Pages 5-6) in response to the reviewers comments (the 2 components more clearly separated, added section of completion of prompt and reminder cards, revised opening paragraph).

3. The statistics section has been condensed as suggested (Page 6).

4. The section of limitations of this study in the discussion has incorporated some of the suggestions made (Page 11). The point on heterogeneity of seizure disorders is taken and a brief discussion of this has been incorporated into the manuscript (added to page 11). Both actual (recording of seizure frequency) and self-reported quality of care are associated with seizure frequency. (Pages 8 & 9)

5. a) The point on further clarifying the importance of significant predictors is appreciated. However testing for significant interaction between predictors would be difficult given the statistical power of the study. b) The manuscript has been revised to ensure consistency of terminology and to keep it in line with ILAE recommendations.