Author’s response to reviews

Title: Feasibility of evidence-based diagnosis and management of heart failure in older people in care: randomised controlled trial

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Author’s response to reviews: see over
Dear Dr Lee,

**Feasibility of evidence-based diagnosis and management of heart failure in older people in care: pilot randomised controlled trial**

Thank you for the opportunity to revise this paper for publication in BMC Geriatrics. We would like to acknowledge the reviewers constructive comments; we have revised the manuscript and have uploaded the amended version showing changes marked in blue and believe that it is substantially improved as a result. We have also detailed our responses to each of the reviewers below.

Thank you for your time and consideration.

Yours sincerely,

Helen Hancock (on behalf of the co-authors)
Deputy Director of Research
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Reviewer 1 report:

The authors have responded to my comments as best they can given the limitations of the study. They also seem to have responded to the other reviewers’ comments.

I am still a little unhappy about the following:

The authors wish to replicate the study using larger numbers. However, they have also shown that the primary care approach is in need of improvement. Would not alternative approach be to try and improve primary care. It could well be more cost-effective. One does not really want to end up with a large study which just shows that good care is better than bad care.

We agree that a large study demonstrating that evidence-based care is more effective than usual care may not appear to have the most clinical utility. However, the design enabled important questions about the utility of the evidence base in this older, less mobile population to be answered. We agree that a subsequent study should also address the need for primary care-focused intervention(s); we intend to develop a study on the basis of the pilot study findings which will describe and assess current care pathways and will develop appropriate GP-focused intervention(s) to improve evidence-based care for this group. Changes to the discussion (page 11) have been made to reflect this:

“A subsequent (powered) study should evaluate current care pathways in primary care to inform effective heart failure diagnosis and management, measuring a range of end points (quality of life, mortality, and hospitalisation) as well as a cost-effectiveness analysis.”

The authors start the discussion by stating that the experimental subjects had higher rates of optimal prescribing without deterioration in quality of life although the results were not significant due to the sample size. Of course they do not know whether the results would be the same if the sample size was larger.

We agree that the sample size is modest and does not allow assessment of whether similar results would be found in a larger study; hence the need for an appropriately powered study. This is reflected in the additional sentence shown above and on page 11.

It would be useful to know what outcomes the authors might use if they were able to undertake a Phase III study. Harder primary outcomes such death and hospitalisation would be needed together with cost-effective analyses.

A subsequent study would allow us to examine a range of outcomes. We agree that a cost-effectiveness analysis would be important, informed by measurement of quality of life. It may be more difficult to justify mortality as a primary outcome given the body of evidence which already supports HF pharmaceutical management in older people. However, there are a number of unanswered questions about the relevance of management specifically for older people in care which a study will be designed to evaluate (as suggested above and on page 11). The interpretation of hospitalisation rates as an outcome for older people in care can be complex; for example, if rates reduce, is this an indicator of better health or poorer monitoring by care staff? A subsequent study will therefore use mixed methods to explore process issues as well as outcomes.
Reviewer 2 report:

The authors have addressed all major concerns raised by the reviewers, and the paper is much improved.

I have no major concerns.

We thank the reviewer for his helpful comments.