Author's response to reviews

Title: Closing the osteoporosis care gap - Increased osteoporosis awareness among geriatrics and rehabilitation teams.

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BioMed Central Geriatrics

Dear Sir/Madam,

RE: MS: 6016456012256744
Closing the osteoporosis care gap - Increased osteoporosis awareness among geriatrics and rehabilitation teams.

We are grateful for the review of our article, and for the helpful comments. The specific issues raised have been addressed as outlined below:

**Regarding the comments of Charles Inderjeeth.**

1. Overall, the manuscript has been shortened by about half a page; this is in the context of having added/expanded a number of paragraphs based on the reviewers’ suggestions. We would be grateful for any specific suggestions should the manuscript still be felt to be too long.

**RESULTS**

1.1.1 We feel that a portion of the comments regarding previous diagnosis and treatment, particularly the percentages of patients with and without previous diagnosis/treatment are relevant in that we need to establish and outline the numbers of patients with hip fracture without previous diagnosis/treatment, in order to determine/explain rates of new diagnosis/treatment. However, a majority of other finding related to this group have been removed from the results section.

1.1.2 We have deleted the section on radiographic data as we agree that it is not essential. We have left it as one of the independent variables in the multivariate analysis as one of our *a priori* hypotheses was that radiographic comments regarding evidence of bone loss may influence clinicians to consider/diagnose/treat osteoporosis.
DISCUSSION

1.2
As suggested, a description of the “Fracture? Think Osteoporosis?” (FTOP) Program has been included in the background section.

CONCLUSIONS

1.3
Duplicated results have been removed from the conclusions. Further, the specific suggestions with respect to the value of education programs like FTOP have been incorporated.

MINOR ESSENTIAL REVISIONS

Table 1. Admission medications and comorbidities have been separated as suggested.

Regarding the comments of Nicholas Waldron

Major Revisions

1) The background section has been revised to more clearly delineate the FTOP program, particularly describing the components which may affect both the care of inpatients (i.e. the subject of our study). It has been highlighted that the current study is only addressing the issue of care to the point of discharge; it has been indicated in the conclusions that longer-term outcomes should be the subject of future research.

2) There was an error in the manuscript; at one point in the Background section, the orthopedics teams were mentioned as a target of the FTOP education. In fact, the orthopedics teams themselves are not directly targeted. Thus, the background has been corrected, and all sections of the paper have been modified to more clearly explain this difference.

3) A more balanced discussion has been included. Presumably some of the factors should have applied to the orthopedics team as well, but it is certainly agreed that other factors could account for some of the improvement over time.

Minor Revisions

1) Pre-existing diagnosis of osteoporosis was based on documentation in the hospital admission note. This has been added to the end of the ‘independent variables’ section of the methods.

2) The rate of 22% treatment is acknowledged in the discussion paragraph dealing with
rates of bisphosphonate use in previous publications. I’m not sure where the rate of 38% is published.

3) Some further details of the FTOP program have been included in the background section.

4) Discussion paragraph seven has been modified to address other possible contributing factors regarding patients discharged from orthopedics wards.

5) Unfortunately the reference mentioned is not referenced in medline. Some additional details have been included in the background and discussion sections.

6) Overall there is a lack of data in the area of osteoporosis education needs of clinicians. Some previous data regarding physician education initiatives have been included in discussion paragraph 6.

Thank you in advance for the further review of our article. We would be happy to address any further concerns. We look forward to hearing back again.

Sincerely,

Derek Haaland, on behalf of the study coauthors.